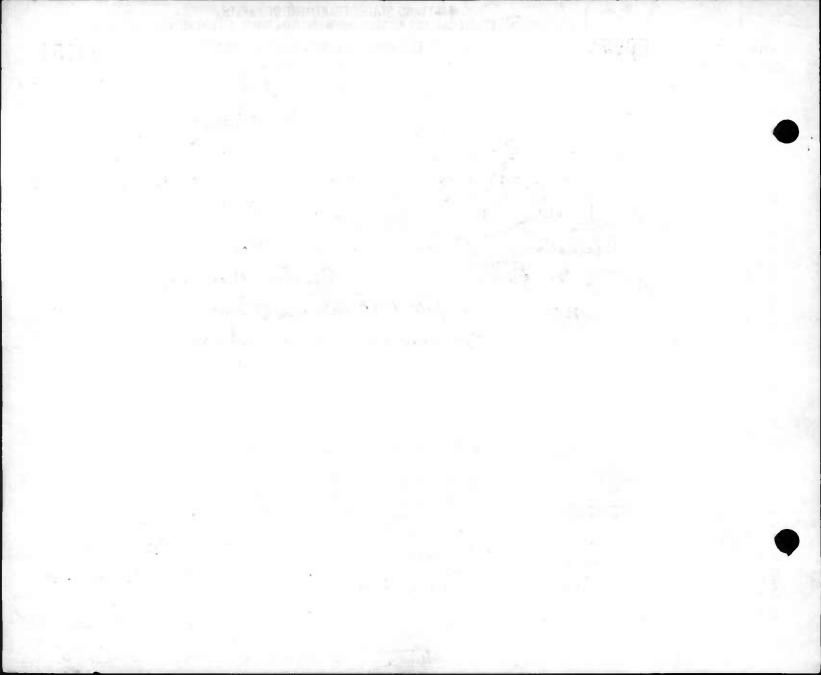
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00774 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE b. COUNTY o. COUNTY PM3. Page MARYLAND death State Department 2 hours after deat c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write\_RURAL and give negrest town) IS RESIDENCE ON A FARM? d NAME OF SPITAL OR INSTITUTION (If not in hospital give street address) Office olang with form NO F This certificate should be executed within 24 hours after death. Middle Year 3. NAME OF DATE DECEASED (Type or print) DEATH SEX NEVER MARRIED lost birthdoy) Months Dovs Hours DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY 2 MOUSTRY word "pending" in pencil in the Chief Medicol Examiner's 13 FATHER'S NAM File 16, SOCIAL SECURITY NO INFORMANT removol INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY 50 IMMEDIATE CAUSE (o) cremotion, DUE TO Conditions, if ony, which gove rise to immediate couse (o), forwarded to DUE TO stoting the underlying couse 0 burial, a WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO please execute the certificate, agent, prior to 4 should be 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. EXTERNAL CAUSE WAS 3 shauld PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH (County) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) Not While foctory, street, office bldg., etc.) 5 may be retained for your O FUNERAL DIRECTOR: Poge at work ot work the funeral director. Page its designoted Inspection ( Inquiry X, 21. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion Undetermined monner Noturol couses deoth resulted from: Accident Suicide Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER T DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 230 23d. LOCATION (City or Town) (Stote) 23o. BURIAL CREMATION. REMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5)



## FOR STATE HEALTH DEPT.

BATTE

TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is cessary, please execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

d

VR ALSME (5) 5M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
775 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| UUAAU   | WILDIONE EXAM  | III. WILL O        |  |  |                                | 0000                       |
|---|--|--------------------|--|--|--------------------------------|----------------------------|
| PLACE OF DEATH     COUNTY   |  |                    |  |  | d, If institution: R b. COUNTY | esidence before admission) |
| Harford   |  | MARYLAND           | a. STATE                               | arvland  | . H:                           | arford                     |
| b. CITY OR TOWN (If outside co<br>write RURAL and give neares                 | rporata limits,   c. LENGTH  | OF STAY IN 1b      | c. CITY OR TOWN (I                     | f outsida corporata li   | mits, writa RURAL              | and giva nearast town)     |
| Havre de Grac   |  |                    | ,T <sub>0</sub>                        | oppatowne  | 12                             | _/                         |
| d. NAME OF HOSPITAL OR INSTI  |  | street address)    | d. STREET ADDRESS                      |  | 100                            | a. IS RESIDENCE            |
|   |  |                    |  | ll Haslet  | + Pood                         | ON A FARM?                 |
| Harford Memor   | -  |                    |  |  |                                | YES NO                     |
| 3. NAME OF<br>DECEASED<br>(Typa or print)                                     |  | iddle<br>CHER      | Last<br>BIERBAUM                       |  |                                | 30 19 66                   |
| 5. SEX   6. COLOR OR I  | RACE 7. MARRIED X NEVER  | MARRIED 8.         | DATE OF BIRTH                          | last hi  | rthday)   HONDER               | 1 YEAR IFUNDER 24 HRS      |
| Female White  | WIDOWED  | DIVORCED J         | une 14,                                | 1915 50  | YTS.                           | Days Hours Mill.           |
| 10a. USUAL OCCUPATION (GIVA kind of   | work dona   10b, KIND OF BUS   | INESS OR           | 11. BIRTHPLACE (                       | Stata or foreign coun  | try)   12. C                   | ITIZEN OF WHAT             |
| during most of working lifa, even if  | retired) INDUSTRY  | g Prof.            | Boone                                  | North Car  | olina                          | OUNTRY?                    |
| Nurse   | 1/04 5 41.   |                    | 14. MÖTHER'S MAI                       |  | 022                            | U.D.R.                     |
| Millard F   | lotchen  |                    |  | M. Bland   | 3                              |                            |
|   |  | UDITYNO I 17 II    | FORMANT                                | t me Diam  | Address                        |                            |
| 15. WAS DECEASED EVER IN U.S. ARM<br>(Yes, no, or unkown) (If yes give war or | dates of service)  | 1                  |  |  |                                |                            |
| No  | 400-16-  | 4790 Hu            | sband,                                 | same as 2  | c & d                          |                            |
| 18. CAUSE OF DEATH [Enter o   |  | b), and (c).]      |  |  | 87                             | ONSET AND DEATH            |
| PART I. DEATH WAS CAUS  | ED BY: A Control   | lism.              | acute                                  | and chro   | me                             |                            |
| 13220   | DUE TO   |                    |  | •  |                                |                            |
| Conditions, if any, which   | (b)  |                    |  |  |                                |                            |
| gava rise to immadiata  | DUE TO   |                    |  |  |                                |                            |
| cause (a), stating the  |  |                    |  |  |                                |                            |
| underlying cause last.  PART II. OTHER SIGNIFICANT CO                         | (C)  | ATH BUT NOT BELATI | ED TO THE TERMINAL                     | DISEASE CONDITION O  | IVEN IN PART 1(a)              | 19. WAS AUTOPSY            |
| E PART II. OTHER SIGNIFICANT CO   | ADITIONS CONTRIBOTING TO DE  | ATTI BOT NOT KEENT | ED TO THE TEXABLE                      | 0102102001111111   |                                | PERFORMED?                 |
|   |  |                    |  | d la lumi la Bank I au   | Dort II of Itom 10             |                            |
| PART II. OTHER SIGNIFICANT CO   | 20b. DESCRIBE H  | OW INJURY OCCUR    | RED. (Enter nature o                   | of Injury In Part I or   | Part II Of Italii 10           |                            |
| ZOC. TIME OF INJURY Month,<br>Hour a.m.<br>p.m.                               | Day, Year   20d. INJURY OCCU   | JRRED   20e. PLACE | OF INJURY (Homa, street, offica bldg., | farm, 20f. (City or  | town) (Co                      | unty) (State)              |
| Hour a.m.   | 19 While Not Wi  | nile —             | , Street, Offica blug.,                | 610.7  |                                |                            |
|   | charge of the remains descr  |                    | an Autoney                             | TO COLUMN TO THE OWNER OF THE OWNER | Inquiry X,                     | and in my opinio           |
|   | the state of the s | position           | presenting.                            | ido IIndete  | ermined manner                 |                            |
| death resulted from: N  | atural causes X, Accid   | ent, said          | CHIEF MEDIC                            | ,  | , minica mannor                |                            |
| ACTUAL DOG 1  | OP Pon   | 11/                | ACCIOTANT IA                           | EDICAL EXAMINER  | 1                              | 22. DATE SIGNED            |
| SIGNATURE   | C Jack   |                    | NI.D.                                  | CAL EXAMINER X   | 1 1                            | Feb. 1966                  |
| EXAMINER'S  | I d Dolmon   | RE TO              |  |  | D - 7                          | Air, Md.                   |
| NAME (Type) GOTA.   | ld C. Palmer,  | M.D.               |  | et, city, town, or cou   |                                |                            |
| 23a. BURIAL, CREMATION, 23b.<br>REMOVAL (Specify)                             |  | ME OF CEMETERY     |  |  | (City, town or co              |                            |
| Cremation 2   | -3-66 Loudo  | on Park            | Cemetery                               | UO BAL   | timore,                        | MQ.                        |
| 24. FUNERAL DIRECTOR  | Tarring  | "Funeral           | Home Zoa. K                            | EC'D BY REGISTRAR  | Milayles                       | Judge                      |
| Welsten Vill Course   | Aberdee  | en, Mary           | land hor                               | 3 1966   | + rug                          | 1                          |
|   |  |                    |  |  |                                |                            |

TOTAL OF TO STANPARED TO THE SALE SALE OF THE SALE OF and the control of the control of all as a limit to the first

executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

| 4             | 00880  | CKITTICAL            | L OF DEATH                      |                                    | 1111111                             |
|---------------|--|----------------------|---------------------------------|------------------------------------|-------------------------------------|
| 1.            | PLACE OF DEATH   |                      | 2. USUAL RESIDENCE (Whe         | re deceased lived, If institution: | Residence before admission)         |
| 11            | a. COUNTY  |                      | a. STATE M                      | b. COUNTY                          | 1005-1                              |
| -             | FIARTORC   | MARYLAND             | 1110                            | H                                  | ARTORD                              |
|               | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | NGTH OF STAY IN 1b   | c. CITY OR TOWN (If outside     | corporate limits, write RURA       | L and give nearest town)            |
|               | HAURE de GRACE IT  | 8. 35MIN             | HAURE C                         | to CORACE                          | -12-1                               |
|               | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,                          | give street address) | d. STREET AOORESS               | 2                                  | e. IS RESIDENCE                     |
|               | HART -1 11 -1  | 11 041               | REA 1                           | Ray 31/                            | ON A FARM?                          |
| -             | MAKFORD MEMORIAL   | /TOS/,7A             | 11/1/12                         | 10x 30 B                           | YES NO X                            |
| 3.            | NAME OF FIRST  | Middle               | Last 4. D                       |                                    | Oay Year                            |
|               | (Type or print) SARAL AME  | lip 1                | Richart 1                       | EATH Danuage                       | 14 19 66                            |
| 5.            | a PV   | TIED MARRIED T       | 8. OATE OF BIRTH                | 041101749                          | R 1 YEAR IF UNDER 24 HRS.           |
|               | T. MARKIED X N   | EVER MARRIEO         | h                               | last birthday) Months              | Oays Hours   Min.                   |
| 1             | remaic   C   WIDOWEO   | OIVORCED             | Nov. 28, 1902                   | 63 yrs. /                          | 16                                  |
| 10            | a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF                       | BUSINESS OR          | 11. BIRTHPLACE (County &:       |                                    | ITIZEN OF WHAT                      |
| UUI           | ring most of working life, even if retired) INDUSTR                              | Y                    | md.                             | C                                  | OUNTRY?                             |
| 12            | FATHER'S NAME  | alwige               | 1110                            |                                    | 00                                  |
| 13            | . FATHER'S NAME  |                      | 14. MOTHER'S MAIOEN NAM         | TE /                               |                                     |
|               | George M. Bond   |                      | amelia                          | Harris                             |                                     |
| 15            | . WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL                           | SECURITYNO.   17.    | INFORMANT                       | Address PL                         | 4. RN301                            |
| (A)           | es, no, or unkown) (If yes give war or dates of service)                         | . 0/1/1 5.           | D B.                            | 71                                 | 1 / 30 / 30 %                       |
|               | 14-1   |                      | v. Oscar Bish                   | op, stavu de 6                     | racy mid.                           |
|               | 18. CAUSE OF DEATH [Enter only one cause per line for                            | (a), (b), and (c).]  |                                 |                                    | INTERVAL BETWEEN<br>ONSET AND DEATH |
|               | PART I. DEATH WAS CAUSED BY:   | and The              | - 6 - 15                        |                                    | ONSET AND DEATH                     |
|               | 221Y   | rat Tree             | W 19213                         |                                    |                                     |
|               | OUE TO   |                      |                                 |                                    |                                     |
|               | Conditions, If any, which gave rise to immediate (b)                             |                      |                                 |                                    |                                     |
|               | cause (a), stating the OUE TO  |                      |                                 |                                    |                                     |
| 10            |  | lized Art            | eriosclerosis                   |                                    |                                     |
| No.           | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T                             |                      |                                 | CONDITION GIVEN IN PART 1(a)       | 119. WAS AUTOPSY                    |
| CERTIFICATION | (9)  | (6)                  |                                 | -                                  | PERFORMED?                          |
| 5             | Diabetes Melli   |                      | = ssential Hyp                  | er tension                         | YES NO                              |
| E             | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRI   | BE HOW INJURY OCCU   | RRED. (Enter nature of Injury   | In Part I or Part II of Item 18    | 3.)                                 |
| 8             | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)              |                      |                                 |                                    |                                     |
| ¥             |  | OCCUPPED 1200 PLA    | CE OF INJURY (Home, farm,   2   | Of. (City or town) (Co             | unty) (State)                       |
| MEDICAL       | Marin a m  | t While facto        | ry, street, office bldg., etc.) | or. (orty or town) (oo             | unty) (State)                       |
| ME            |  | t work               |                                 |                                    |                                     |
|               | 21. I certify that (I) (this hospital) attended the                              | deceased from        | ec. 13. 1965                    | to JAN 14, 196                     | that (I) (we) last                  |
|               | saw the deceased alive on DAN: 14  | 10 /- /- and that    | death occurred at / 30 N        |                                    |                                     |
|               | 22a. SIGNATURE   | 13 62 12, and that   | death occurred at               |                                    | DATE SIGNED                         |
|               | ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ   | 0                    | ATTENOING - MED.                | STAFF -                            | The state of                        |
|               | Heorge J. Draw   | stury, M.O           | . PHYS. 4 OIRECTO               |                                    | 15/66                               |
|               | 22c. PHYSICIAN'S NAME (Type)   | ()                   | 22d. AODRESS                    |                                    |                                     |
|               | GEOFFET Stansbe  | uru                  | 369 Revolution                  | n.S. Haurede Gr                    | race, Md.                           |
| 232           | a. BURIAL, CREMATION, 23b. DATE THEREOF   23c.                                   | NAME OF CEMETERY     |                                 | LOCATION (City, town or co         | ounty) (State)                      |
| -30           | BEMOVAL (Specify)  | 10-                  | 00 1- 1-1                       | 4 0/                               | 1611                                |
|               | Durial 1-18-66 St  | · yames u.           | n.6. Cemetery He                | while praces                       | sayord, Md.                         |
| 24            | FUNERAL DIRECTOR   | ADORESS 556 Re       | eves th   25a. REC'D BY I       | REGISTRAR 25b. REGISTRAR           | S'S SIGNATURE                       |
| 1             | Itelia & Bullock, Have de  | Grace m              | ed. DATAN 20                    | 1966 Milianel                      | as Quelal.                          |

1966

VR A15 20M 1

eggau 5211 32 MA SELLES V V Es April 1 Housewaye Thomas for a little George A. Breach . Comiler Harris 15 m Bar 3 mg The - 214 12-064 Her Care Budge Hame the me Commence to the commence of will be so the formation to a many the committee of the same The state of the s

|  | 13   |               | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND   |
|--|--|---------------|--|
| ے  | E ~ [  | 3             | 00777 CERTIFICATE OF DEATH   |
| death.   | funeral<br>1 and 2<br>1r death   | 1.            | PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution: Desidence before admission)  a. STATE  b. COUNTY /  |
| after  | y the<br>iges ]<br>s after   | -             | b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   |
| 24 hours after   | d in b<br>rs. Pa<br>hour:  | 1             | d. NAME/OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS   e. IS RESIDENCE   |
| י 24   | letely filled in by the fusion papers. Pages 1 : t, within 72 hours after of                   |               | Harford To Jumorial 2104 Harford Rd YES NO   |
| withi  | completely in carbon person, within  | 3.            | NAME OF DECEASED OF CALL BLAST OF DEATH DAY YEAR OF DEATH 1966   |
| cuted  | com<br>ove c   | 5.            | SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIEO 8. OATE OF BIRTH 9. AGE (In years IF UNDER 14 HRS Months   Oays Hours   Min.   |
| exec   | e remo   | 108           | a. USUAL OCCUPATION (Give kind of worked one   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT  |
| ate be   | physician a<br>en please re<br>oval, and in  | -             | Industry Country?  FATHER'S NAME  14. MOTHER'S MAIDEN NAME   |
| rtifica  | ding ph<br>Then<br>remova  | 10.           | Carl Sansome Carmela Ciancillo   |
| ath ce   | or lit.  | 15<br>(Ye     | . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service)  |
| requires that the death certificate be executed within | 9 6.5  |               | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  INTERVAL BETWEEN ONSET AND DEATH  |
| that t   | pnysician.<br>In signed by th<br>burial-transit<br>burial, cremat                              |               | 11MMEDIATE CAUSE (a) Wrome William Secompensation 2 years  |
| ulres  | g pnys   |               | Conditions, If any, which gave rise to Immediate (b) Atleresclerolie Cardiovascula, Disease.   |
| law red  | attending priysicial has been signed e as the burial-tra h prior to burial, cr                 | -             | cause (a), stating the OUE TO underlying cause last. (c)   |
| The la   | ficate hor use or use Health p   | CATIO         | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIGUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED?   YES   NO   |
| -  | certificate hed for use t. of Health   | CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING   20b. OESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIEY MEDICAL EXAMINER)  |
| PHYSICIAN  | this<br>letacl   | MEDICAL C     | 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)   |
| DING   | oy<br>of be<br>Stat  | MEE           | 21. I certify that (I) (this hospital) attended the deceased from 3/, 1966 to Jan 3/, 1966 that (I) (we) last  |
| ATTENDING  | CTOR:<br>Should<br>should<br>ith the   |               | saw the deceased alive on 31 1966, and that death occurred at 3M, from the causes and on the date stated above.  |
| OR S   | DIRE<br>DIRE<br>age 3<br>age 3<br>iled w   | _             | M.O. ATTENOING MED. STAFF DI 1/66.   |
| O HOSPITAL   | rage 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the |               | PHYSICIAN'S NAME (Type) Edward C. Loo, M.D. Havre de Grace, and.   |
| OH OL  | direct<br>should   | 23a           | BURIAL CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, John or county) (State)   |
|  |  | 24            | Male In Out of the Contract of |
|  | A15 (4)<br>M 1/65  | 1             | surregtin m. Hande Share Md DAFEB 7' 1956 forestes Judge   |

facility blace 4 / 10 thater arpord Isternal 2104 Harforded Dova-Carmela Ciancillo Carl Sansome Secretary of the State State 6881 ... 1888

1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and permipletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaths. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

| 1. PLACE OF DEATH  | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)                                  |
|--|--|
| a. COUNTY Harford MARYLAND   | a. STATE maryles b. COUNTY Starley &   |
| b. CITY OR TOWN (if outside proporate limits, write RURAL and give nearest town)   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)                                       |
| Have de Hage   | 61   |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   | d. STREET ADDRESS 8, IS RESIDENCE  |
| Shill ma a Dente   | ON A FARM?   |
| Harford Mamorial to gen  | 820 Harfield Road YES NOW  |
| 3. NAME OF First Middle  | Last 4. DATE Month Day Year  |
| (Type or print) M. Revin Kandall Co  | alandar DEATH / 24 1966  |
| 1 Interest manufactured  | 8. OATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   last birthday)   Months   Days   Hours   Min. |
| male negro WIDOWED DIVORCED  | 3-30-24 All yrs. Months Days Hours Min.  |
| 1Da. USUAL OCCUPATION (Give And of work done   10b. KIND OF BUSINESS OR  | 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT  |
| male nurse V. A. Jose Pery Point   | A Amether H. Na. COUNTRY?  |
| 13. FATHER'S NAME  | 14. MOFNER'S MAIDEN NAME   |
| David A Colombert SN   | Rouge m Petal  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.  | INFORMANT Address 820 Sarfield Cd.   |
| (Yes, no, or unkown) (If yes give war or dates of service)   | Dia Di i di i di ail   |
| 100111   | ro, Pearl M. Calender Have de Grece Md.  |
| ART I. DEATH WAS CAUSED BY:  | INTERVAL BETWEEN ONSET AND DEATH   |
| IMMEDIATE CAUSE (a) Massive Cerebra  | 1 Hemorrhage   |
| 443X DUE TO  | 0  |
| Conditions, If any, which (b)  |  |
| gave rise to Immediate cause (a), stating the DUE TO   |  |
| underlying cause last. (c) Hypertensive Card   | iovascular disease   |
|  | ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?                                   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  Blateral Mephro  208. ACCIDENT WAS UNDERLYING DOOR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER) | PET NO T   |
| 20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCU   | JRRED. (Enter nature of injury in Part I or Part II of Item 18.)   |
| G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |  |
|  | CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)   |
| Hour a.m. While Not While facto  | ory, street, office bldg., etc.)   |
|  |  |
| 21. I certify that (I) (this hospital) attended the deceased from  | 4/13 , 1964, to 1/24 , 1966, that (1) (we) last  |
| saw the deceased alive on 124 1966, and that   | t death occurred at/o:53/A.M, from the causes and on the date stated above.  |
| 7010   | ATTENDING MED. STAFF   |
| 22c. PHYSICIAN'S A Stansbury, M.C.   | D. PHYS. DIRECTOR PHYS. 1 124 66   |
| NAME (Type)  |  |
| George 1. Stansbury  | 569 Revolution St. Haurede Grace, Maryland   |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)  | Y OR CREMATORY 23d. LOCATION (City, town or county) (State)  |
| Buil 1-21-66 Paltimore,  | National Cem. Beltimore, M.  |
| 24. FUNERAL DIRECTOR ADDRESS   | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE   |
| Otelis L. Dullock, Havre de Grice  | Mr. JAN 26 1966   felloweles Judge   |
|  |  |

VR AI5 (4) 20M 1/65

192.00 maybe Company and John for The fact of agree it stay to le largeth Rome . Melion Tandell Colember 1 24 16 male nope - 3-30-24 41 Brake nurses VA prog hayfint fronters A. Var. U. S. H. W. Lewis H. Calmada Ser " France Mr. Paters in Experience Yes WWII 23626-7126 Mr. Coul M. Colonder, Herry La Free med Survey 1-21-66 Baltonia network am Baltonia, my The spice where the start we described in the 25 will be the start of the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certiff Page 4 may be retained by the hospital or attending physician.

66

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

|   | 70.00   |
|---|---|
| 1. PLACE DF DEATH a. COUNTY   | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)             |
| HARFORD MARYLAND  | a. STATE MARYLAND b. COUNTY HARFORD   |
| b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)                  |
| HAVRE de Grace Idan   | HAURE de Carace 12-1  |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  |   |
| HARFORD MEMOVIAL HOSPITAL   | 911 Warren St. Ext. YES NO  |
| 3. NAME OF DECEASED First Middle  | Last 4. DATE Month Day Year   |
| 5. SEX 6. COLOR OR RACE   7 MARRIED   NEVER MARRIED   | 8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.                              |
| 7. MARKIED   MEVER MARKIED  | last birthday) Months   Days   Hours   Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR   | May 19, 18 75 90 yrs.   11, PARTHPLACE (County & State, or foreign country)   12, CITIZEN OF WHAT |
| during most of working life, even if retired) INDUSTRY  | COUNTRY?  |
| 13. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME  |
| no Record   | no Record   |
|   |   |
| (Yes, no, or unkown) (If yes give war or dates of service)  | INFORMANT Address   |
| 200 - 220-52-4209 M   | ro. Clice Jenefer - 91, Warren St. Est. Stanche becce.  |
| 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]   | INTERVAL BETWEEN ONSET AND DEATH  |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uronic   | artial accomplisation ?   |
| 4221 DUE TO 1 A   | A- 1. 1. (1) A  |
| Conditions, If any, which ) (b) Arlenaseller  | the Cardiovascular Cusass ?   |
| gave rise to immediate cause (a), stating the DUE TO  |   |
| underlying cause last. (c)  |   |
|   | TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?               |
| 5 marked deluptration +   | malautrition + Deabetes YES NO X  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  LOCAL COLLEGE OF DEATH  20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | IRRED. (Enter nature of Injury In Part I or Part II of Item 18.7                                  |
| 3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA  | CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)                                  |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN Hour a.m. While Not While at work at work   | ry, street, office bidg., etc.)   |
| 21. I certify that (I) (this hospital) attended the deceased from   | In . 10th . 1966 to Jan . (O, 1966 that (1) (we) last   |
|   | death occurred at 9 25M, from the causes and on the date stated above.                            |
| 22a. SIGNAFURE //   | 1 22h DATE SIGNED   |
| tool Hoom M.O   | D. ATTENDING MED. DIRECTOR PHYS.   1/10/66  |
| 22c. PHYSICIAN'S /  | 22d. ADDRESS  |
| NAME (Type) Edward C. Loo, M.   | Havre de grace and.   |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY   |   |
| Bureal 1-15-66 mt. Calvare  | y cemetery Baltimore, and.  |
| 24. FUNERAL DIRECTOR ADDRESS  | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  |
| Cliner I Juling Hounde Si   | Cacyles DATEN 17 1966 fellowelles Judge   |

VR AI5 (4) 20M 1/65

aurer. HPINE CAS THE MAINTENANT CASTALLAND HAVE de CHACE / DE HAVRE de CAMP ... HARFORD MEDICAL HOSPITAL ALL WARREN ST. E.T. C. Hims JAN 19 male Col. 18 18 18 1875 70 18 18 Laborer & Comment Marchington, not Will H. THA. 10 66 - 97 matter to the state of the state of E Gullet House George

funeral and 2 and 2 death. death. ges 1 after by the Pages 1 hours hours filled in ve carbon papers. event, within 72 h within completely and con and In any physician m please r attending physical sermit. Then ale on, or/removal, a the au. death cremation, n signed by th burial-transit i burial, cremati attending physician. the bu as th has for use Health DIRECTOR: After this certificate age 3 should be detached for use led with the State Dept. of Health

MARYLAND STATE DEPARTMENT OF HEALTH DINISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give pearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital gwa street address) e. IS RESIDENCE ON A FARM? ADDRESS d. STREET NO NAME OF DATE Month Day Year DECEASED DEATH (Type or print) 19 SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED last birthday) | Months | Days Hours WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done ! 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? NO T YES X 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. MEDI Not While While p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last and that death occurred a \_M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE ATTENDING X STAFF MED. DIRECTOR M.D. PHYS. PHYSICIAN ADDRESS 22c. 22d. W. GRICOLEIT BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23b. DATE THEREOF 23d. (State) REMOVAL (Specify) **EUNERAL DIRECTOR** ADDRES REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 20M 1/65

TO FUNERAL

pe

тау

=

director, p

and the state of t NOTE PRINCE (RELANCE FRIGHER) Temake White x otterners, Ed Berdlewan, However Theodor

MARYLAND STATE DEPARTMENT OF HEALTH

The state of the carrier of the carr A CONTROL BUILDING CONTROL CONTROL CONTROL to the same of the of thill twoodles to me and the MARYLAND STATE DEPARTMENT OF HEALTH

The new trees of the Arms of the Total The state of the s THE RESERVE THE TOTAL TO THE RESIDENCE OF THE PARTY OF T to the first of the same of th · 1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年 Landon (Calomina) — Victoria model (Calomina) (Calomina) — (Calomina) A THE THEORY OF THE PARTY OF TH

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femore carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

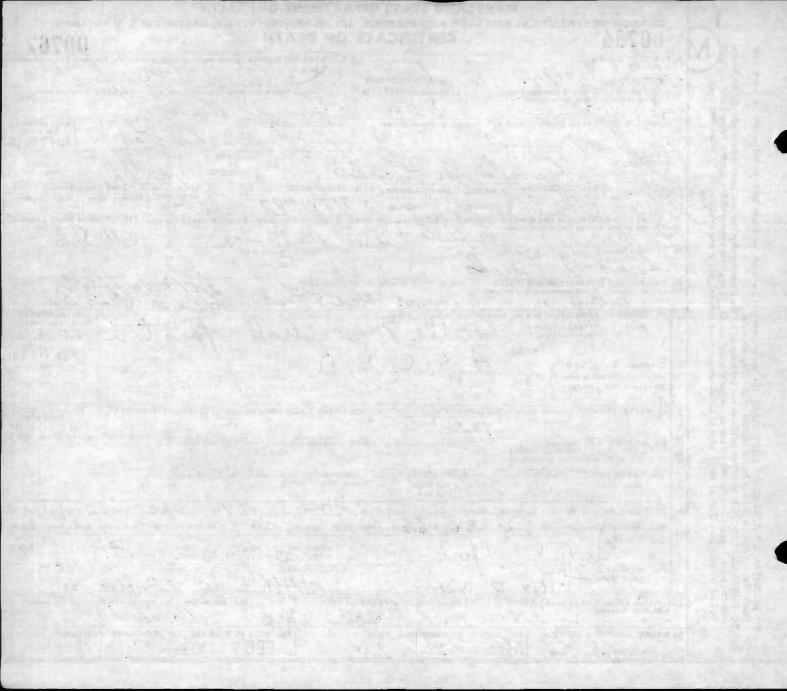
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1078

| 0000   |   |                            |
|--|---|----------------------------|
| 1. PLACE OF DEATH a. COUNTY Harford MARYLAND   | 2. USUAL RESIDENCE (Where deceased lived, If Institution: I a. STATE Maryland b. COUNTY Ha: | rford /                    |
| b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b  | c. CITY OR TOWN (If outside corporate limits, write RURAL                                   | L and give nearest town)   |
| Aberdeen Proving Ground 2 Months   | Aberdeen Proving Ground   | 12-1                       |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   | d. STREET AOORESS   | e. IS RESIDENCE            |
| Kirk Army Hospital   | 7th ETC, USAOC&S  | ON A FARM? YES NO          |
| 3. NAME OF First Middle DECEASED (Type or print) Jerry Lee   | Fortin 4. DATE Month DF DEATH January   | Day Year<br>4 19 66        |
| 7. MARKIED   NEVER MARKIED LAL   | 8. OATE OF BIRTH 19. AGE (In years   IFUNDER   last birthday)   Months   Yrs.               | Days Hours Min.            |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Soldier  10b. KIND OF BUSINESS OR INDUSTRY US Army  | 11. BIRTHPLACE (County & State, or foreign country)   12. C                                 | OUNTRY?                    |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIOEN NAME  |                            |
| John F. Fortin   | Louise Harloff  |                            |
|  | INFORMANT Address   |                            |
| (Yes, no, or unknown) ! (If yes nive war or dates of service)  | .S. Army Official Records   |                            |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  |   | INTERVAL BETWEEN           |
| PART I. DEATH WAS CAUSED BY: Meningiococcen  | mia   | ONSET AND GEATH            |
| 057/   |   |                            |
| Conditions, If any, which (b)  |   |                            |
| gave rise to immediate (   |   |                            |
| cause (a), stating the   |   |                            |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PROPERTY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PROPERTY OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING TO DEATH OF CONTRIBUTION TO DEATH | TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)                                    | 19. WAS AUTOPSY PERFORMED? |
|  | JRREO. (Enter nature of injury in Part I or Part II of Item 18                              | 3.)                        |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factor p.m. 19 at work at work   | CE OF INJURY (Home, farm, 20f. (City or town) (Co<br>ry, street, office bidg., etc.)        | unty) (State)              |
| 21 I certify that (X (this hospital) attended the deceased from 3  | January , 1966, to 4 Jan , 1966 the death occurred a 30AM, from the causes and on           | the date stated above.     |
| 22a. SIGNATURE M.O.  | ATTENOING MEO. STAFF 22b. I   | oan 66                     |
| 22c. PHYSICIAN'S NAME (Type) PETER B. WEBBER, Maj, MC  | Z2d. ADDRESS<br>Kirk Army Hospital, Aberdeen  | PG, Md.                    |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 1/5/1965 Mt. Emblem C  |   |                            |
| 24 FUNERAL DIRECTOR ADORESS  | 25a. REC'D BY REGISTRAR 25b. RECHSTRAR  |                            |
| Le ( Jakeson + Sav, Perryvill  | e Md DARN 10 1966 feliant   | es Judge                   |

VR A15 (4) 20M 1/65 property property and the second of the property of the proper mic in Tall , waips aloud w part p 19 promise C 2011 . of the free Hearthard, Landon M. C. Co. The state of the s

| 1  | DIVISION OF STATISTICAL RESEARCH AND RECORDS OF THE CORDS   | 5, 301 W. PRESTON STREET, BALTIMORE 1, A   | MARYLAND                 |
|----|---|--|--------------------------|
| N= | 00403   |  | 0076                     |
| 1  | PLACE OF DEATH  | 2. USUAL RESIDENCE (Where decased lived, if Institution by COUNTY)                     | on, Residence before edn |
|    | Harford Maryland MARYLAND   |  | efuel                    |
| L  | b. CITY OR TOWN (if outside corporate limit) c. LENGTH OF STAY IN 1b  | c. CITY OR TOWN (If outside corporate limits, write RURA)                              | and give nearest town)   |
| -  | fam de Grace V.O.A.   | Hand Gene  | 12-1                     |
| 1  | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  | d. STREET ADDRESS  | e. IS RESI               |
|    | tarford Minneal   | 815 1. Washington  | YES 1                    |
| 1  | NAME OF DECEASED First Middle   | Last 4. DATE Month OF  | Dey Year                 |
|    | (Type or print) tranks f. true  | DEATH //30/66  | 6 19                     |
|    | SEX 6. COLOR OR RACE 7. MARRIED ANEVER MARRIED  | 8. DATE OF BIRTH  9. AGE (In years IF UND last birthdey)  Month                        |                          |
| Z  | Male Wildowed DIVORCED  | 1/5/1899 68 yrs.   | is Days   Hours          |
|    | . USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUS  | STRY 11. BIRTHPLACE (County & State, or foraign country) 12.                           | CITIZEN OF WHAT CO       |
| _  | Clarke Peoples Court Will   | in Baltimore   | Wisi A.                  |
|    | FATHER'S DIAME  | 14. MOTHER'S MAIDEN NAME   |                          |
| _  | Kows J. Tucks   | 5  |                          |
|    | WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no, or unkgwn) [lifyesgivewerordatasofservice) | INFORMANT 1 815/5000 as  | hangton                  |
| L  | unknown lukumon of  | live to Tucks Janea &  | usy. Md.                 |
|    | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED 8Y:                | 0 0 1 0  | ONSET AND DE             |
| ı  | IMMEDIATE CAUSE (a) CCCC M  | youardal wfarely   | - 10m                    |
|    | Y do l DUE TO   | 3  | 100                      |
| ı  | Conditions, if eny, which gave rise to Immediate cause  | 1. D   | 8                        |
| ı  | (a), stating the underlying DUE TO  |  |                          |
| L  | cause last. (c)   |  |                          |
|    | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I   | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN F                               | PART 1(e) 19. WAS A      |
|    | nau   |  | YES                      |
|    | OR CONTRIBUTING   CAUSE OF DEATH  | RRED. (Entar nature of injury in Part I or Part II of Item 18.)                        |                          |
| -1 | (IF EITHER, NOTIFY MEDICAL EXAMINER)  |  | 1                        |
|    | Hour a.m. While Not While   | PLACE OF INJURY (Home, farm, 20f. (City or town)  (actory, street, office bldg., etc.) | (County) (               |
| 1  | p.m. 19 at work at work   | 0  |                          |
|    | 21. I certify that (I) (this hospital) attended the deceased from   |  | 196. That (1) (          |
|    |   | al death occurred 60. A.M., from the causes and or                                     |                          |
|    | 22a. SIGNATURE  | ATTENDING MED. STAFF   | 22b.                     |
|    | 226. PHYSICIANS   | M.D. PHYS. DIRECTOR PHYS.  | 12/1/66                  |
|    | NAME (Type)   | 22d. ADDRESS   | 1700                     |
| =  | Sould of hors   | WATUR DE 9 PATE  | 12 190                   |
| 10 | (BURIAE, CREMATION, 23b. DATE THEREOF 23g. NAME OF CEMETER  | Y OR CREMATORY 23d. LOCATION City, town or co  | (Ste                     |
| ľ  |   | mount (allans Welling)   | 110.                     |
| -  | ) Jajoo Hayna /vu   |  |                          |
| 1  | PUNERAL DIRECTOR'S, SIGNATURE ADDRESS AMONG THE HOUSE STALL ME  | 25a. REC'D BY REGISTRAR 25b. REGISTRAL   | R'S SIGNATURE            |



|                       | 1  |               | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA   | ARYLAND                         |
|-----------------------|--|---------------|--|---------------------------------|
| -                     | 50 d   |               | 00785 CERTIFICATE OF DEATH   | 00768                           |
| 24 hours after death. | e funeral<br>1 and 2<br>er death.                        | 1,            | PLACE OF DEATH  a. COUNTY  HAR FOR A. MARYLANO  2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE  MARYLANO  MARYLANO  A. MARYLANO  A. MARYLANO  MARYLANO  MARYLANO  A. MARYLANO  MARYLANO | arFord                          |
| saft                  | by the<br>Pages 1<br>Irs after                           | 1             | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  | and give nearest town)          |
| hour                  | Por Por  | L             | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS   | e. IS RESIDENCE                 |
| 24                    | filled i<br>papers.<br>nin 72 h                          | 1             | artord Memorial Hospital 908 a Tive Ra   | · YES NO                        |
| withir                | completely filled ye carbon papers event, within 72      | 3.            | NAME OF First Middle Last 4. DATE Month OF DECEASED (1796 or print) C ROLL January 3   | 0ay Year<br>30 19 66            |
| uted                  | compline car   | 3.7           | SEX 6, COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years   IF UNDER 1   |                                 |
| exec                  | I and co   | 1Da           | March 6, 1899 66 yrs.   March 6, 1899 66 yrs.   WIDOWED   DIVORCEO   March 6, 1899 66 yrs.   12. CIT   | TIZEN OF WHAT                   |
| e pe                  | sicial<br>lease<br>and                                   | dur           | 1 00011001   | TIZEN OF WHAT<br>UNTRY?<br>S.A. |
| ificat                | g phy<br>oval,   | 13.           | FATHER'S NAME  Charles B. Gaunt  14. MOTHER'S MAIDEN NAME  Ida M. Whitten  |                                 |
| cert                  |  | 15.           | . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address sp, no, or unkown) ((If yes give war or dates of service)  |                                 |
| feath                 | e atter<br>permit.<br>ion, or                            | (16           | no   217-16-7815   Mrs. Myrtle Ray, 908A Pine Rd.,   | Joppa, Md.                      |
| the                   | y th<br>sit<br>mat                                       |               | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  | ONSET AND DEATH                 |
| that                  | 0 0 7 "  |               | 422 OUE TO A COALL   |                                 |
| ires                  | physic<br>in signe<br>burial:                            |               | Cenditions, If any, which gave rise to immediate (b)   |                                 |
| v red                 | ttending p<br>has been<br>as the bi<br>prior to b        |               | cause (a), stating the out to underlying cause last.   |                                 |
| 0)                    | tal or atten<br>ificate has<br>for use as<br>Health prid | ATION         | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   | 19. WAS AUTOPSY PERFORMED?      |
| PHYSICIAN: T          | tal<br>for<br>Fer  | CERTIFICATION | 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  | )                               |
| PHY                   | by the<br>ter thi<br>be deta<br>tate De                  | MEDICAL       | 20c. TIME OF INJURY Month, Day, Year Hour a.m. While at work a | nty) (State)                    |
| ENDI                  | retained<br>CTOR: Al<br>S should<br>with the S           |               | 21. I beith) that (1) this hospital, attended the deceased from  | , that (I) (we) las             |
| OR ATTENDING          |  |               | saw the deceased alive on 19, and that death occurred at M, from the causes and on the causes are caused alive on the causes and on the causes are caused alive on the causes and on the causes are caused alive on the causes and on the causes are caused alive on the c | ATE SIGNED                      |
|                       | May be AL DIRE   |               | 22c. PHYSICIAN'S DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS.  | 166                             |
| TO HOSPITAL           | Page 4 may TO FUNERAL director, pg should be fi          |               | NAME (TYPE) GEORGE J DENDRINSHED ( O GLUDOS)   | Md                              |
| 3 2                   | Page<br>O FUN<br>direct<br>should                        | 238           | REMOVAL (Specify)  |                                 |
|                       | ~  | 24            | ADDRESS 25a. REC'O BY REGISTRAR 25b. REGISTRAR   | S SIGNATURE                     |
|                       | R AIS (4)  | 4             | Howard K. McComas & Son Abingdon, Md 21009 DATEEB 7 1966   | 0                               |

Aberdeen Md.

DATE

MARYLAND STATE DEPARTMENT OF HEALTH

IS RESIDENCE

NO

ON A FARM?

YES K

19 66

INTERVAL BETWEEN ONSET AND DEATH

Day

WAS AUTOPSY

NO N

(State)

(State)

PERFORMED?

YES

DATE SIGNED

(County)

REGISTRAR'S SIGNATURE

22b.

Day

Days

12. CITIZEN OF WHAT

COUNTRY?

Month

Months I

VR AIS (4) 1/65

69200 The Mark Committee of the Committee of t tiskend the personal trought hospital to the term of the TEMPORE SERVICE Correction of the State of Sta Balling and Assert States of States Show with the state of the stat The standard of age - supplied march will interest Car Carden Harris Car Carden Harris Car Carden Harris Car Carden Harris .b. hetgh2feed \_\_\_\_ magn2fe5u olles J felen Willow Weterwheel ... waren a.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. CDUNTY Department after death. b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e funeral C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? r death. If any delay be Pages 1, 2, and 3 to the Pages 1, 2, and 3 to the PM3. Page State hours Churchvil ND X NAME OF Middle Day DATE Year the 72 DECEASED OF 2 (Type or print) DEATH 6 31417 ithin with AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS NEVER MARRIED X 7. MARRIED last birthday) Month's | Days Hours 3 WIDOWED CV DIVORCED 8 7 945 L and event 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND DF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT BIRTHPLACE (State or foreign country) COUNTRY? -Clerk Grocery Baltimore, Maryl pages 1 in any 13. FATHER'S NAME MOTHER'S MAIDEN NAME MEI EXAMINER: This certificate should be executed within 24 hours, each of certificate, writing the word "pending" in pencil in Item 48.

Page 4 should be forwarded to the Chief Medical Examiner's Office and Grogan Robert Lee Irene Cook File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Box 198 (Yes, no, or unkown) (If yes give war or dates of service) permit. Jr. Aberdeen. 5-42-0588 Robert 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit cremation, or OUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating B underlying cause last, used as to burial NO WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATI NO 5 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 3 should bagent, priva 20e, PLACE OF INJURY (Home, farm, CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) MEDI Not While While CTOR: Page at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion files. FUNERAL DIRECTOR: I Health or its design Undetermined manner Accident Suicide director. Page 4 retained for your ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY MER DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) BURIAL CREMATION 1 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 00 Burial Cross Roads Baptist Upper Bal dwin Maryland FUNERAL DIRECTOR REC'D BY REGISTRAR VR ALSME (5) arretteville. 1/65

C. Sally Bushingers and Statement of the Statement Server of Action System of the State of the state of the state of the Cart of Army 17 and 15 and Parallel and the second of the . The sound of an Arabana as the sound of th THE RESIDENCE PROPERTY OF THE PROPERTY OF And the second of the second o binding and bear free to be a month worth to be doing to be to be a Carlo Saller & Secretaring med and the sales

executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 frouts, after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 20M 1/65

|      |        |    |            | MARY    | LAND S | STATE | DEP   | ART  | ME   | NT OF  | HEALTH  |           |    |           |
|------|--------|----|------------|---------|--------|-------|-------|------|------|--------|---------|-----------|----|-----------|
| DIV  | /ISION | OF | STATISTICA | L RESEA | RCH AN | D REC | ORDS, | 301  | W. P | RESTON | STREET, | BALTIMORE | 1, | MARYLAND  |
| 107: | RR     |    |            |         | CER    | TIFIC | CATE  | - OF | - n  | FATH   |         |           |    | . sa Mh a |

|               | 00788 CERTIFIC   | ATE OF DEATH  | ロロウラチ                                 |
|---------------|--|---|---------------------------------------|
| 1.            | PLACE DF DEATH a. COUNTY   | 2. USUAL RESIDENCE (Where deceased lived, If  |                                       |
|               | Harlord. MARYLAI   |   | OUNTY HORTORD                         |
| Ιİ            | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)               |   | write RURAL and give nearest fown)    |
| 10            | NRY TRE-GROPP 13hrs  | · DELCame   | 7. 12-1                               |
| 11            | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add                        | ess) d. STREET ADDRESS  | e. IS RESIDENCE<br>DN A FARM?         |
| 116           | artory MEMORIAL HOSPINAL   | _ Dala HOLE   | YES NOTE                              |
| 3.            | NAME DF DECEASED P First P Middle  | L DE  | onth Day Year                         |
| 5             | (Type or print) Daby SIRL  | Talsey DEATH DANN   | ITS IF UNDER 1 YEAR JIF UNDER 24 HRS. |
| F             | COLOL O WARRIED NEVER MARRIED  | 8. DATE OF BIRTH 9. AGE (In year last birthda   | Months Days Hours Min.                |
| 1Da           | USUAL OCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OR                            | 11. BIRTHPLACE (County & State, or foreign coun                                       |                                       |
|               | ing most of working life, even If retired) INDUSTRY  | Mo  | COUNTRY?                              |
| 13.           | FATHER'S NAME  | 1 14. MOTHER'S MAIDEN NAME  | 0.0.8.                                |
|               | Halsey Ina Cecil   | - FILISTE THINKI ON   | 144)                                  |
| 15.           | . WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.                            | 17 INFORMANT Add  | dress                                 |
| (16:          | s, no, or unkown) (If yes give war or dates of service) none                                   | GRACECIL HOLSEY.  | Tatto Tel Delcomole                   |
|               | 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]                      |   | INTERVAL BETWEEN<br>ONSET AND DEATH   |
|               | PART I. DEATH WAS CAUSED BY: Resperato   | my fushing  | 13 km                                 |
| Q.            | 7735 DUE TO  | 1 - 4.  | 13/                                   |
|               | Conditions, If any, which gave rise to immediate (b)   | a turn oy   | 1724                                  |
|               | cause (a), stating the DUE TD  |   |                                       |
| NO            | underlying cause last. (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT | RELATED TO THE TERMINAL DISEASE CONDITION GIVEN                                       | IN PART 1(a) [19. WAS AUTOPSY         |
| CATI          |  |   | PERFORMED? YES ND-                    |
| CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY  | OCCURRED. (Enter nature of Injury in Part I or Part I                                 |                                       |
|               | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)                            |   |                                       |
| MEDICAL       |  | PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bidg., etc.) | (County) (State)                      |
| MED           | Hour a.m. While Not While p.m. 19 at work at work  |   |                                       |
|               | 21. I certify that (I) (th <del>is ho</del> spital) attended the deceased from                 | 1-10-66, 19 to 1-10-  | 6 6, 19, that (I) (we) last           |
|               |  | that death occurred at 75M, from the cause  | es and on the date stated above.      |
|               | 22a. SIGNATURE   | M.D. ATTENDING G MED. STAFF PHYS.   | 22b. DATE SIGNED                      |
|               | 22c. PHYSICIAN'S   | M.D. PHYS. DIRECTOR PHYS. L   | 1 6 0 6                               |
| li            | NAME (Type) B. J. Plunkett, fr.  | Aberdeen, Maryland  |                                       |
| 23a           |  | TERY OR CREMATORY 23d. LOCATION (City   | , town or county) (State)             |
|               |  | Memorial Abingdon   | Harford Md.                           |
| 24.           | FUNERAL DIRECTOR ADDRESS   | 25a. REC'D BY REGISTRAR 25b.  | REGISTRAR'S SIGNATURE                 |
|               | Howard K. McComas & Son Abingdon,  | Md. 2100 N 14 1966 / 10   | leavely Judge                         |
|               | 6-154839   | Ü   | 0 0                                   |

Holesey Souther in 1982 and John I was gill See Mark California California California

MARYLAND STATE DEPARTMENT OF HEALTH Items 20a&20b Film G373 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DISPL PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY g STATE 2, and 3 to PM3. Page Jo death. Department CITY OR TOWN (If autside corporate limits c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside write RURAL and give negrest town after d. NAME OF HOSPITAL OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? State [ YES NO NAME O Middle Last 4. DATE Month within 72 DECEASED JONHOY (Type or print) 5-0 with S. SEX 8. DATE OF BIRTH 9. AGE (In years 1 YFAR 1F UNDER 24 HRS 8 (ost birthday) 2, Manths Days Haurs May DIVORCED 2 event gud 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of warking life, even if retired) Painting COUNTRY? Penna. any the ward "pending" in pencil in to the Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within ⊆ Moses Hill Amanda Truax File and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, na, ar unknown) (If yes give war ar dates of service remaval. No Russell Hill, New Freedom, Pa. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH burial, crematian, ar IMMEDIATE CAUSE (a the certificate, writing the ward 4 shauld be farwarded ta the C DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause last. used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO designated agent, priar ta 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 ar Part II af item 18.) 3 shauld PRIMARY TO OF CONTRIBUTING Fell at home CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year (County) Not While factory, street, affice bldg., etc.) While FUNERAL DIRECTOR: Page at wark L 21. I certify that I taak charge of the remains described above, held an Autapsy 5 may be retained far and in my opinion funeral directar. Accident 🔊 Suicide [ death resulted fram: Noturol couses Homicide Undetermined manner SIGNATURE Health ar DEPUTY MEDICAL EXAMINER Address (Street, city, tawn, ar county) NAME (Type) the BURIAL CREMATION NAME OF CEMETERY OR CREMATOR) 23d. LOCATION (City or Town) 0 Prospect ADDRESS New Park, York Cem. 25g. RECD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/66

Track Aleman Harling French france A \$13.-

Post Refused

| .10 |          | DIVISION OF STATISTICAL RESEARCH AND RECORDS  | S, 301 W. PRESTON STREET, BALTIMORE 1, M  | ARYLAND                                   |
|-----|----------|---|---|---|
|     |          | 00790 CERTIFICAT  |   | 00773                                     |
| /   | 1.       | PLACE OF DEATH a. COUNTY A PLOCA MARYLAND b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b   | 2. USUAL RESIDENCE (Where deceased lived, II institution: Re a. STATE b. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL)  | rford                                     |
|     | 1        | write RURAL and give nearest town)  AVE CONTROL 23 dAUS  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   | Havre de Grace  | e. IS RESIDENCE<br>ON A FARM?             |
| 66  | F        | tartord Memorial Hospital   | Gravel Hill Kd. Box 29  | 7 YES NO NO                               |
|     | 3.       | OECEASED (Type or print) MARU Augustus  | Last 4. DATE Month DEATH DEATH  8. DATE OF BIRTH  19. AGE (In years   IF UNDER )  | Day Year 5 19 66                          |
|     | F        | SEX  6. COLOR OR RACE  7 MARRIED  NEVER MARRIED  DIVORCED  2. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR  | Feb. 2, 1893   last birthday)   Months   12 yrs.   11   | Days Hours Min.                           |
|     | dui      | ring most of working life, even if retired) Housework   | 11 . 6 . CO   | UNTRY?                                    |
|     | 13       | harles Daylor Sv.   | 14. MOTHER'S MAIDEN NAME  Assal Brown   |   |
| 9   | 15<br>(Y | es, no, or unkown) (If yes give war or dates of service)  | INFORMANT Address W. John Hill - Pt 1 Boy 297, Has  | re de Grey Mo                             |
|     |          | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolia of   | 2 Myscardial in faset   | ONST AND DEATH                            |
| М   |          | Conditions, If any, which gave rise to immediate (b) ASCVD, Dia he tes  | s in  | centrown                                  |
|     |          | cause (a), stating the underlying cause last.  DUE TO Post op state (A)   | ight Stone Knee Smypatation)  | 3 days                                    |
| 0   | FICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE  | ATÉD TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   | 19. WAS AUTOPSY PERFORMED? YES NO         |
|     | CERTI    | 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   | URRED. (Enter nature of injury in Part I or Part II of Item 18.)  | 1/  |
|     | MEDICAL  | 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA facto   20e. PLA   20e. PLA | ACE OF INJURY (Home, farm, 20f. (City or town) (Cour<br>pry, street, office bidg., etc.)  | nty) (State)                              |
|     |          | 21. I certify that (I) (this hospital) attended the deceased from 3 saw the deceased alive on 3 RN 5 1966, and that   | Dec. 13, 1965, to JAN. 5, 196<br>It death occurred at SAM, from the causes and on the   | that (I) (we) last the date stated above. |
| ā   |          | 22a. SIGNATURE Jugollet AD M.C  | D. ATTENDING MED. STAFF DIRECTOR PHYS.   //   | TE SIGNED                                 |
| 1   |          | PHYSICIAN'S A.W. GRICOLEIT  | HAVRE DE GRACE  |   |
| 2   |          | a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BEMOVAL (Specify) January 9, 1966 Berkley Co   | emetery Oarlington, Hay   | ford Co. Md.                              |
| D   | 24       | Oteles & Bullock Have de Glery  | 25a. REC'D BY REGISTRARY 25b. | SIGNATURE                                 |

VR A15 (4) 20M 1/65

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician according to the funeral director, page 3 should be detached for use as the burial-transit permit. Then please names carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

E Andrew Transfer and The Contract of the Cont Republic security of the contract of the contr - AND SECURE OF SECURE SECURE for the state of t

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicing and completely filled in by the functal director, page 3 should be detached for use as the burial-transit permit. Then pleas, remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

|               | 00791  |   | 11153               | CERTIF                | ICAT             | E OF DEAT                 | H                |                                | 00                   | 774         |             |
|---------------|--|---|---------------------|-----------------------|------------------|---------------------------|------------------|--------------------------------|----------------------|-------------|-------------|
| 1.            | PLACE DF DEATH<br>a. COUNTY                          | o m C a m J   |                     | 1400                  |                  | e. STATE                  | NCE (Where dec   | eased lived, If ins<br>b. COUN | stitution: Residence | e before ad | mission     |
| -             | b. CITY OR TOW!                                      | arford (If outside corpora                          | te limits,          | c. LENGTH OF STA      | YLAND<br>Y IN 1b | c. CITY OR TOWN (         |                  | orate limits, wr               |                      | lve neares  | t town      |
|               |  | and give nearest tow                                |                     | 1 Week                |                  |                           |                  |                                |                      | 7           | 2           |
| -             | d. NAME OF HOS                                       | Grace<br>PITAL OR INSTITUTION                       | ON (If not In h     | ospital, give street  | address)         | Rising d. STREET ADDRES   | Sun              |                                | Rural                | e. IS RESI  | IDENCI      |
|               |  |   | 100                 |                       |                  |                           |                  |                                |                      | ON A F.     | ARM?        |
| 3             | NAME DE  | Memorial  | rst                 | Middle                |                  | Last                      | 4. DATE          | Month                          |                      |             |             |
| 1             | DECEASED<br>(Type or print)                          |   |                     |                       |                  |                           | OF<br>DEATH      | Jan.                           | 22                   | 19          | ,,          |
| 5.            | SEX  | Mabel<br>6. COLOR OR RACE                           |                     | ODE NEVER MARRII      |                  | CKSON<br>B. DATE OF BIRTH |                  | ACE /In vagre                  | JETIMOED 1 VEAR      |             | 00<br>24 HR |
| F             | emale  | White   | WIDOWED             |                       |                  | Aug. 8.18                 | 100              | last birthday)                 | Months Days          | Hours       | Min.        |
| -             |  |   | done   10h K        | IND OF BUSINESS O     |                  | Aug. 8.18                 | 11               |                                | )   12. CITIZEN      | OF WHAT     |             |
|               | Ing most of work                                     | ON (Give kind of work<br>ng life, even if retire    |                     | NDUSTRY               |                  | 3600003                   | 0.               | .7 0                           | COUNTRY              | Y?          |             |
|               | FATHER'S NAMI  |   | I UW.               | n Home                |                  | Mary Land                 |                  | CO.                            | LU.S.                | Α.          |             |
|               | Joseph   | h Norris  |                     |                       |                  | Ellen                     | Nonnia           | - 1000                         |                      |             |             |
| 15            |  | VER IN U.S. ARMED FO                                | ORCES?   16.        | SOCIAL SECURITY N     | 0.   17.         | INFDRMANT                 | Norris           | Addres                         | ss                   |             |             |
| (Y            | es, no, or unkown)                                   | (If yes give war or dates o                         | of service)         |                       |                  |                           | 71               | D                              | 0                    | 767         |             |
|               | NO LISE DE D   | EATH [Enter only on                                 |                     | one                   |                  | s. Lee Gi                 | lbert            | Risin                          |                      | ERVAL BEJ   | TWEEN       |
|               |  | ATH WAS CAUSED BY                                   | : 9                 | ine for (a), (b), and | (0).1            | Char                      | 200              |                                | ON                   | SET AND D   | JEAGH       |
| N             | 1528   | IMMEDIATE CAUSE                                     | (a) )               | enon                  |                  | Sarvar                    | 2000             |                                |                      | 200~        | and         |
|               | Conditions, if                                       | DUE   | 0                   |                       |                  |                           | 2                | a sold                         | -                    | )           |             |
|               | gave rise to immediate                               |   |                     |                       |                  |                           |                  |                                |                      |             |             |
|               | ceuse (a), stating the DUE TO underlying cause last, |   |                     |                       |                  |                           |                  |                                |                      |             |             |
| LION          |  |   | (c)<br>Ons contribi | UTING TO DEATH BUT    | NOTRELA          | TED TO THE TERMINA        | L DISEASE CON    | DITION GIVEN IN                | PART 1(a)   19.      | WAS AU      |             |
| ICA           | 7.7538   |   |                     |                       |                  |                           |                  |                                | Y                    |             | ND [        |
| CERTIFICATION | 20a. ACCIDENT<br>OR CONTRIBUTION<br>(IF EITHER, NOT  | WAS UNDERLYING DEAD CAUSE OF DEAD FOR MEDICAL EXAMI | TH<br>NER)          | DESCRIBE HOW INJU     | URY OCCU         | IRRED. (Enter nature      | of injury in Pa  | rt   or Part    o              | f Item 18.)          |             |             |
| CAL           |  | NJURY Month, Day,                                   | Year   2Dd. I       | NJURY OCCURRED        | 2De. PLA         | CE OF INJURY (Home,       | farm, 2Df.       | City or town)                  | (County)             | (\$         | State)      |
| MEDICAL       | Hour e.m   |   | While at work       |                       | Tacto            | ry, street, office bldg.  | , 610.)          |                                |                      |             |             |
| 2             |  | that (I) (this hos                                  |                     |                       | from "           | 2//                       | 1922 tn          | 1/22                           | 1966 t               | hat (I) (v  | ve) las     |
|               |  | eased alive on                                      | 1/22                | 1966                  | and that         | death occurred at         | 10:35 M. fro     | m the causes                   |                      |             |             |
|               | 22a. SIGNATUR  |   | MC                  | 7                     |                  |                           |                  |                                | 22b. DATE SI         |             | 1           |
|               |  | Ment  | 0                   | lander                | M.D              | ATTENDING DE              | MED.<br>DIRECTOR | STAFF PHYS.                    | 1/24                 | +16,        | 6           |
|               | 22c. PHYSICIA<br>NAME (Ty                            |   |                     | 0                     | 1                | 22d. ADDRESS              |                  |                                |                      | 7           | 5           |
| _             |  | Nell K.   | Taylo               | or                    | 1                | Rising                    | Sun,             | Md.                            |                      | ,           |             |
| 238           | BURIAL, CREM.  | ATION, 23b. DATE                                    |                     | 23c. NAME OF C        |                  |                           | 23d. L0          | CATION (City, to               | own or county)       | (St         | ate)        |
| _             | -  |   | 5,66                | Hopewell              | L Cer            |                           | Port             | Depos:                         | it                   | Md          |             |
| 24            | EUNERAL DIRE   | Me  | mi                  | ADDRESS               | . 0.             |                           | 11 A A .         | 0.00                           | EGISTRAR'S SIGI      | NATURE      |             |
| Z             | mon  | 61/1-   | I feel              | Rising                | g Sui            | n, Md. DAJEA              | N 20 1           | 366                            | ingeles !            | udge        |             |
| V             |  |   |                     |                       |                  |                           |                  | U                              | 1/                   | V           |             |

. 5 nonical and four facilities for the facilities of the facilities o Comment of the Commen Charles and the same of the sa 

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending christical and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

| 1. PLACE DF DEATH / /   | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)                                |
|---|--|
| a. CDUNTY Harbord MARYLAND  | a. STATE b. COUNTY Har broken  |
| b. CITY OR TOWN (if outside/corporate limits.   c. LENGTH-OF STAY IN 1b   | c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town)                                     |
| write RURAL and give nearest town)  | Kalling 121  |
| d., NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   | d. STREET ADDRESS / / /   e. IS RESIDENCE  |
| Halifon   | ON A FARM?   |
| 1 arfora / Jemoriae   | 3/5 Siles De, YES NO X   |
| 3. NAME DF DECEASED First Middle  | Last 4. DATE Month Day Year  |
| (Type or prist)  5. SEX   6. COLOR DR RACE   7. MARRIED   18  | Teen DEATH / 1966  |
| 7. MARKIED NEVER MARKIED  | DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   last birthday)   Months   Days   Hours   Min. |
|   | 3Ept. 30, 1076 69 yrs.   |
| 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND DF BUSINESS DR JNDUSTRY  | 11. BIRTHPLACE (County & States or foreign country) 12. CITIZEN DF WHAT COUNTRY?                                     |
| FARMER Hyricalture  | Harbord G. / /d.   |
| 13. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME   |
| George limathy heen   | Nlasu Nlarga   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SDCIAL SECURITY ND. 17.   | INFORMAN (Wife) 838-12872 Address 215 Calor St   |
| (Yes, no, or unkown) (If yes give war or dates of service) 215-32-6476  | 5. HAZEI H. KEEN BEI AT TOL. 21014   |
| 18. CAUSE DF DEATH [Enter only one says per live for (a), (b), and (c).]  | I INTERVAL BETWEEN   |
| PART I. DEATH WAS CAUSED BY!  | ONSET AND DEATH  |
| IMMEDIATE CAUSE (6) COURT / Mulim   | ener, injurious sour sours   |
| 443 1 ONE TO 100 100 100 100 100 100 100 100 100 10   | in a librataria  |
| Conditions, If any, which gave rise to immediate  | à and represent  |
| cause (a), stating the DUE TO Cardio 1820   | Pula Disease 2-3 years   |
| underlying cause last. (c)  |  |
| PARTIKOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  PARTIKOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?                                  |
| Dealetes Quellilus  | YES ND X   |
| 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUP   | RRED. (Enter nature of Injury In Part I or Part II of Item 18.)  |
| DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   |  |
| 101   | E OF INJURY (Home, farm, 20f. (City or town) (County) (State)  |
| Hour a.m. While Not White ractor at work  | y, street, office bldg., etc.)   |
|   | an. 4th 1966 to Jein. 12 1966 that (1) (we) last   |
| 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on that  | death occurred a LLTM, from the causes and on the date stated above.   |
| 22a. SIGNATURE  | 1 22b. DATE SIGNED   |
| The Alaman To   | ATTENDING MED. STAFF   |
| 22c. PHYSICIAN'S M.D.   | PHYS. DIRECTOR PHYS. 122d. ADDRESS   |
| NAME (Type) - Award C. Loo M.   | Havre al Chace, ud.  |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME DF CEMETERY   |  |
| REMOVAL (Specify)   |  |
| 24. FUNERAL DIRECTOR ADDRESS  | 25a. REC'D BY RECISTRAR   25b. REGISTRAR'S SIGNATURE   |
| Tocal Louis C W. Brondung & Willi   | Ams 3.   |
| DEI HIT I WANTED X  | 1014 10079 N 14 1966   July Judge  |
| graph William Foster  |  |

VR AI5 (4) 20M 1/65

二世 一种 一种 一种 Par APRICA April Transport I Ch Sharply southern to PROCESSED OF THE TOTAL STREET OF STREET OF THE STREET OF T Died + to a len le to . Edward Lean Ald Hame de Chien Just and the Court of the Court BOW I A BOOK ANGENING THE THE PROPERTY OF

| 1 | 136   | MARYLAND STATE DEPARTMENT DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRE  |   |
|---|---|---|---|
| 1 | 4 E24   | 00793 CERTIFICATE OF DEA  |   |
| X | funeral and 2 ar death.   | a. CDUNTY   | IDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY                 |
|   | s after<br>by the f<br>ages 1<br>rs after   | - MARI DATE   | MARYLAND HARFORD IN (If outside corporate limits, write RURAL and give nearest town)                |
|   | 24 hours<br>filled in b<br>apers. Pa<br>n 72 hours  | HAVRE DE GRACE SDAYS  | WHITEFORD /2-1  |
|   |   | Brevins Mursing Home  | RESS    e. IS RESIDENCE ON A FARM?   YES   ND   |
|   | i withi<br>mpletel<br>carbon<br>ent, wil  | 3. NAME DF First Middle Last (Type or print) Teo Na Koight  | 4. DATE Month Day Year DF DEATH JAN 1966  |
|   | G € E   | 5. SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRT WIDDWED DIVDRCED OCT 3   | H 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24HRS   last birthday)   Months   Days   Hours   Min. |
|   |   | 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE INDUSTRY   | E (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY?                                 |
|   | ificate<br>g phys<br>nen pl   | 13. FATHER'S NAME   | MAIDEN NAME   |
|   | h cert<br>tendin<br>iit. Th   | 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY ND. 17. INFORMANT (Yes, na. br. unkown) (If yes give war or dates of service)   | Address   |
|   | the at<br>t perm<br>t perm<br>ation,  | No EUNICE K   |   |
|   | a iii ii  | PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)   | INTERVAL BETWEEN ONSET AND DEATH  |
|   | The law requires that the death certificate be or attending physician, sate has been signed by the attending physicial ruse as the burial-transit permit. Then please salth prior to burial, cremation, or removal, and it  | Conditions, If any, which gave rise to immediate (b) generalized contenior  | relevois Tumboris unificato   |
|   | w required as peer as the prior to  | cause (a), stating the DUE TO underlying cause last.  |   |
|   | he la<br>or att<br>ate h<br>use<br>use  | PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI  | PERFORMED?  |
|   | CIAN: T<br>ospital of<br>certifica<br>ned for<br>t. of Hea  | PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI  LLL 201 200. ACCIDENT WAS UNDERVING 200. DESCRIBE HOW INJURY OCCURRED. (Enter national Contribution Cause of Death (IF EITHER, NOTIFY MEDICAL EXAMINER) | ire of injury in Part I or Part II of Item 18.)   |
|   | OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician.  SIRECTOR: After this certificate has been signed by a 3 should be detached for use as the burial-tranged with the State Dept. of Health prior to burial, created with the State Dept. | 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Hor factory, street, office ble at work at work   | me, farm, dg., etc.) (City or town) (County) (State)  |
|   | rtenbin<br>tained  <br>TOR: Afi<br>should b   | 21. I certify that (I) (this hospital) attended the deceased from 2011  | at 24 AM, from the causes and on the date stated above.   |
| • | TO HOSPITAL OR ATTENDI<br>Page 4 may be retained<br>TO FUNERAL DIRECTOR: A<br>director, page 3 should<br>should be filed with the   | 22a. SIGNATURE  M.D. ATTENDING C  M.D. PHYS.  | MED. STAFF   22b. DATE SIGNED   C / J 66  |
|   | HOSPITAL Page 4 may FUNERAL D director, pag   |   | ERDEEN, MD.   |
|   | Pag<br>To Fu<br>dire<br>shou  | 23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify)  JAN. 17, 1966  SLATEVILLE  | 23d. LOCATION (City, town or county) (State)  |
|   | VR AL5 (4)  | 24. FUNERAL DIRECTOR ADDRESS 258.   | 12 01 1000 001  |
|   | 20M 1/65  |   | ALL DE A TOUR A   |

THE PARTY OF THE P A DOVER HALL SON IN THE OC SELL'ECTO - WITH X AVE U LA FANT THE PROPERTY OF Levis E Kniese Buznastn ITuno Bunce R. Biring Land grand good to the new layers for the weather the The strate of the former for the strate of the TO BE THE SECOND OF THE SECOND Market State of the State of th I HARREST WAS EM ATT TOWN TO I H VINT SE STATE OF THE STATE OF THE SECOND 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ages 1 and 2

urs after deoth

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter death. Poge 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled to by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within (2 bayes after death

VR A15 (4) 20 M 1/66

122

| 1  |                                    | 00794  |   |                | CERT                                      | IFICATE              | OF DEATH  |                            |                   | ()                      | 177             | 77                  |                    |
|----|------------------------------------|--|---|----------------|---|----------------------|---|----------------------------|-------------------|-------------------------|-----------------|---------------------|--------------------|
|    |                                    | PLACE OF DEATH   |   |                |   |                      | 2. USUAL RESIDENCE (  | Where deceosed live        |                   |                         | before          | odmissi             | on)                |
|    |                                    | o. COUNTY  | Harford   |                | M   | ARYLAND              | o. STATE  | yland                      | b. COUN           | ITY Ha                  | rfor            | be                  |                    |
|    |                                    | b. CITY OR TOWN  | (If outside corporate limi                          | rs.            | C. LENGTH OF STA                          |                      | c. CITY OR TOWN (If or                                      |                            | its write RIII    |                         |                 |                     |                    |
|    | write RURAL and give neorest town) |  |   |                |   |                      |   |                            |                   | _                       |                 | 10                  | ,                  |
|    |                                    | Aberdee  | n Proving C   | rounds         | l Day                                     | •                    | Aberdeen I  | Proving G                  | rounds            | 3                       | /               | of -                | DENCE              |
|    |                                    |  | TAL OR INSTITUTION (If n                            | of in hospitol | l, give street oddress)                   |                      | d. STREET ADDRESS   |                            |                   |                         | e               | ON A F              |                    |
| 5  |                                    | Kirk Ar  | my Hospital   |                |   |                      | 222 Parke   | Street                     |                   |                         | Y               | ES 🗌                | NO X               |
|    |                                    | NAME OF  | F   | irst           | Middle                                    |                      | Lost  | 4. DATE                    | Mont              | h                       | Doy             | Ye                  | or                 |
|    |                                    | DECEASED<br>(Type or print)  | SHAWN   | CHRIS'         | TOPHER                                    | KREU                 | JTZER   | OF<br>DEATH                | Janua             | ary                     | 11              | 19                  | 66                 |
|    |                                    | SEX  | 6. COLOR OR RACE                                    | 7. MARRIE      | D NEVER MARK                              | RIED X               | 8. DATE OF BIRTH  |                            | (In years         | IF UNDER 1              | -               | IF UNDER            |                    |
|    | 1                                  | Male   | White   | WIDOWE         | D DIVOR                                   |                      | 10 Jan 66   | lost                       | birthdoy)<br>yrs. | Months                  | Doys            | Hours               | Min.               |
|    |                                    |  | N (Give kind of work done                           | 10b.           | KIND OF BUSINESS OR                       |                      | 11. BIRTHPLACE (County                                      | & Stote, or foreign c      |                   | 12. CITI:               | ZEN OF          | WHAT                |                    |
|    | duri                               |  | life, even if retired)                              |                | INDUSTRY                                  |                      |   | d County,                  |                   | COU                     | NTRY?           | USA                 |                    |
|    | 13                                 | FATHER'S NAME  | a   |                | n/a                                       |                      | 14. MOTHER'S MAIDEN   |                            | PIG.              |                         |                 | UUA                 |                    |
|    |                                    |  |   |                |   |                      |   |                            |                   |                         |                 |                     |                    |
|    | 16                                 | Phillip  | Kreutzer<br>ER IN U.S. ARMED FORCES?                | - []           | COCIAL SECURITY NO                        | 112                  | Linda Cath  | nerine De                  |                   |                         |                 |                     |                    |
|    |                                    |  | (If yes give wor or dotes                           |                | 6. SOCIAL SECURITY NO                     |                      | _   |                            | Addre             |                         |                 |                     |                    |
|    |                                    | No   | DEATH (Enter only one co                            |                | n/a                                       | Far                  | ther - 222  | Parke Str                  | eet, A            | lberde                  | en,             | Mar                 | yland              |
|    | X-1000                             | 7625<br>Conditions, if on<br>rise to immedia<br>stoting the und<br>lost. | te couse (o), (                                     | TO (b)         | Anoxia<br>Prematur                        | rity                 |   |                            |                   |                         |                 | P ho                |                    |
| 2  | ATION                              | PART II. OTHER S   | IGNIFICANT CONDITIONS                               |                | N/A                                       |                      | THE TERMINAL DISEASE CO                                     |                            |                   |                         | F               | WAS AUTO<br>PERFORM | DPSY<br>ED?<br>NO  |
|    | CERTIFI(                           | OR CONTRIBUTING  | AS UNDERLYING   G  CAUSE OF DEATH MEDICAL EXAMINER) | 205.           | DESCRIBE HOW INJURY                       | OCCURRED.            | (Enter noture of injury in                                  | Port I or Port II of       | item 18.)         |                         |                 |                     |                    |
|    | MEDICAL CERTIFICATION              | 20c. TIME OF IN<br>Hour o  | URY Month, Doy, Yeor<br>.m. 19                      | Whi<br>at w    | INJURY OCCURRED ile Not While ork of work | foct                 | CE OF INJURY (Home, farm<br>ory, street, office bldg., etc. | .)                         | or town)          | (Cour                   | , ,             |                     | (Stote)            |
|    |                                    | 21. I cert   | ify that (I) (this ha                               | spital) atte   | ended the decease an 19 66                | ed fram<br>, and tha | 10 Jan.,  | 19 <u>00</u> , ta <u> </u> | m couses          | 1 • , 19_<br>and an the | o,Qho<br>e date | at (I) (            | we) last<br>labave |
| 1  |                                    | 22c. PHYSICIAN   | rellest   | Bar            | nes Capt                                  | Mren.                | D. ATTENDING PHYS. 22d. ADDRESS                             | MED. DIRECTOR              | STAFF PHYS.       | 22b. DAI                |                 | 1                   | 6                  |
|    |                                    | NAME (Typ  |   | BARNE          | S, CAPT.,                                 | MC                   | Kirk Arm  | y Hospita                  | al, Ab            | erdeen                  | PG              | ., M                | d.                 |
| 31 | 230                                | BURIAL, CREMATI<br>REMOVAL (Specif                                       | 1   | ereof          |   |                      | cery  | Aber de                    | en Pi             | rovin                   | _               | rou                 |                    |
| 9  | 24.                                | Control  | Mucou   | elenge         | ADDRESS                                   | lo do                | DATA N  | D BY REGISTRAR             |                   | GISTRAR'S SIG           |                 |                     | Md.                |

|                 |                            |                    | The second   |
|-----------------|----------------------------|--------------------|--|
| , so a          |                            |                    | ARSON  |
| Frobuil         |                            |                    | , 'Y Y   |
|                 | word a very secured        |                    | L. minemi Providen Gre   |
|                 | 222 Family Street          |                    | Saltageoff town  |
|                 | HANNE HANNE                | 30                 |  |
|                 | 10 Jan 66                  |                    | March White  |
|                 | Harrison County, 51.       | z\n                | A. L.  |
|                 | Marin Carlanger Date in    |                    | tentine Zeptien  |
| ones, and aron, | Cor - 202 Print Cheerly, I | No. 15 Links       |  |
|                 |                            | # 616 <u>-</u>     |  |
|                 |                            | प्रकृति क्षेत्रकार |  |
|                 | THE PERSON NAMED IN        |                    |  |
| 7.              |                            | AVE.               |  |
|                 |                            |                    |  |
|                 | ·                          |                    |  |
|                 |                            | ALCOHOLDS AND      | to affect the state of   |
|                 |                            |                    |  |
|                 | di Lin linker gara da      |                    | H TENDAM   |
|                 | to the legical const       |                    | The Late of the La |
|                 |                            | who we             | Hotelle Turround   |

STREET STREET

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

|               | DUTON   | OLIVIIIIONIL                         | OI DEATH   |  | 00110                                   |
|---------------|---|--------------------------------------|--|--|---|
| 1.            | PLACE OF DEATH a. COUNTY  A COUNTY  | MARYLAND 2                           | a. STATE   | b. COUNTY  | esidence before admission)              |
| 4             | b. CITY OR TOWN (if butside corporate limits, write RURAL end give nearest fown)                                    |                                      | CITY OR TOWN (If outside con                             | orate limits, write RURAL                                | end give nearest town)                  |
| -11           | d. NAME, OF HOSPITAL OF INSTITUTION (if not in hosp   | vr. V                                | STREET ADDRESS   |  | O. IS RESIDENCE<br>ON A FARM?<br>YES NO |
| _             |   | mo clas                              | Naly   | 24 - 44  |   |
| 3.            | NAME OF DECEASED (Type or print)  | BARROLL                              | LAMDIN DEATH   |  | Day Year 2 2 19 6                       |
| 5.            | SEX 6. COLOR OR RACE 7. MARRIEO WIDOWEO   | NEVER MARRIEO   8.                   | DATE OF BIRTH  11 3 0 4 9.                               | AGE (In years   IFUNOER   last birthday)   Months   yrs. | Days Hours Min.                         |
| do            | . USUAL OCCUPATION (Give kind of work done into most of working life, even if retired)  Unity late (Lastes of Cocil | D OF BUSINESS OR                     | 11. BIRTHPLACE (County & State, May Lane                 | CO   | DUNTRY?                                 |
| 13.           | FATHER'S NAME<br>Edward D. Lamdin   | 1                                    | 4. MOTHER'S MAIDEN NAME                                  | Lamdin   |   |
|               |   | CIAL SECURITY NO. 17. INI            | FORMANT Juginia amds                                     | Address Det  | weit the.                               |
|               | 18. CAUSE OF OEATH [Enter only one cause per line<br>PART I. OEATH WAS CAUSEO BY:                                   | for (a), (b), and (c). 1             | · llemonkages  | 1  | INTERVAL BETWEEN ONSET AND OEATH        |
|               | IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which \  | In toward                            | Ca of Leer   | eloct  | Unknown                                 |
|               | gave rise to immediate cause (a), stating the underlying cause last.  | cell to                              | ine)   |  |   |
| CERTIFICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE  | NG TO OEATH BUT NOT RELATED          | TO THE TERMINAL DISEASE CONI                             | DITION GIVEN IN PART 1(a)                                | 19. WAS AUTOPSY PERFORMED? YES NO       |
|               | 20a. ACCIOENT WAS UNDERLYING   20b. DES<br>OR CONTRIBUTING   CAUSE OF DEATH<br>(IF EITHER, NOTIFY MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRI             | ED. (Enter nature of Injury In Pe                        | rt I or Part II of Item 18.                              | )                                       |
| MEDICAL       | 20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour a.m. While at work  | JRY OCCURRED   20e. PLACE factory, s | OF INJURY (Home, farm, 20f. (street, office bldg., etc.) | City or town) (Cou                                       | nty) (State)                            |
|               | 21. I certify that (I) (this hospital) attended saw the deceased alive on   |                                      | 192, to_eath/occurred at 33 M, fro                       | 1/72, 190  | that (I) (we) last                      |
|               | 22a. SIGNATURE Crypled To   | M.D.                                 | ATTENOING MEO. PHYS.                                     |  | ATE SIGNED                              |
|               | 22c. PHYSICIAN'S NAME (Type) A WCRIGOZ  | EIT                                  | Have de Grace  | - Herford  | 16                                      |
| 23a           | BURIAL, CREMATION, 23b. OATE THEREOF  | Sate Mark of CEMETERY OR             | CREMATORY 23d. LO  | cation (City town or con                                 | Med.                                    |
| 20            | ENTERAL DIRECTOR SAMERSON IS  | on Deinville                         | 25a. REC'D BY REGIS                                      | a total and an   | SSIGNATURE                              |
| _             |   | 1                                    | THE HOME   | <u> </u>   |   |

15 (4) VR A15

12 Y 2 S The course of the said to the Hornish (1) 42 miles Edward To Lamber and the principle of the second The Court of Superior Memoritages Mitasters of the of thems toot delle type 27/2 -26/1 - 25 A/21 The Part of the TIB WERDERLEIT

and 2 and 2 death. after death. 24 hours .5 filled within letely rbon p compl car executed emove and physician death certificate a permi the that the attending physician. The law requires 38 certificate the hospital PHYSICIAN: detach ATTENDING retained pe HOSPITAL

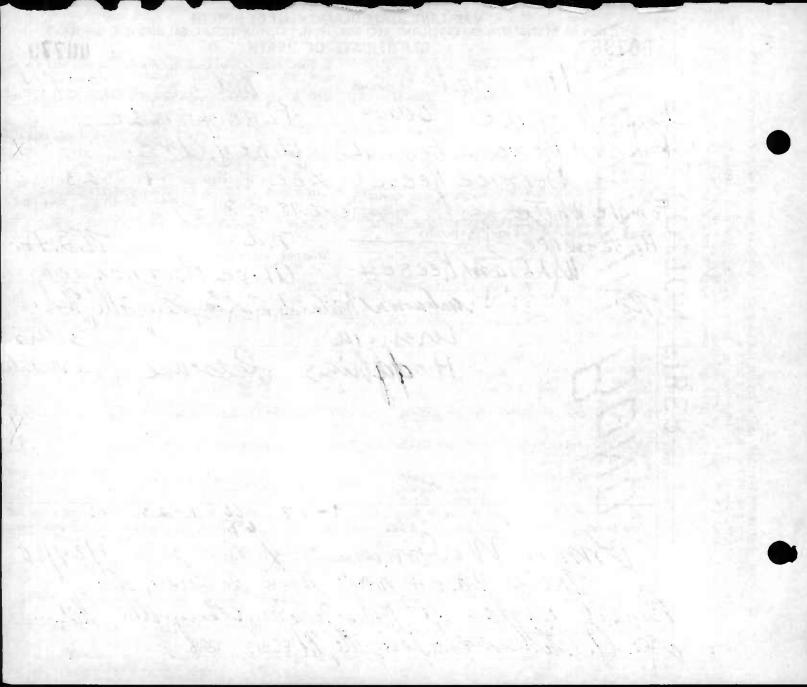
Pages 1 urs after oon papers. Pag within 72 hours event, any Ξ ease and ir cremation, been signed by the the burial-transit or to burial, cremati for use Health p t. of should be de DIRECTOR: age 3 should iled with the Page 4 may Fig FUNERAL director, p should be f 0

CERTIFICATI

MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00796 CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY a. STATE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR, INSTITUTION (if not in hospital, give street address) 6. IS RESIDENCE d. STREET ADDRESS ON A FARM? NOK NAME OF First Middle Month Day Year Last 4. DATE DECEASED OF (Type or print) DEATH 19 SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) Months Days WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done ! 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during, most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME INFORMANT Address (Yes and of unknown) (If yes nive war or dates of service) CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Cenditions. If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. PERFORMED NO YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) Not While factory, street, office bldg., etc.) Hour a.m. While at work p.m. at work 19 Colo. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19.66, and that death occurred at 65 saw the deceased alive on A.M. from the causes and on the date stated above. 22a. SIGNATURE ATTENDING MED. STAFF DIRECTOR PHYS. PHYS. PHYSICIAN'S 22d. NAME (Type) REMOVAL (Specify) 23b. DATE THEREOF LOCATION (City, town or county)? (State) FUNERAL DIRECTOR D BY REGISTRA REGISTRAR'S SIGNATURE 25b.

VR A15 (4) 20M 1/65



|             | MARYLAND STATE DEPARTMENT OF HEALTH                                       |        |
|-------------|---|--------|
| DIVISION OF | STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI | RYLAND |
| 00707       | CERTIFICATE OF DEATH  | 111960 |

| 153145   |  | 021(11                      | 1 10/11      | O. DEMI                    | •                                       |                       | 11114011                      |
|--|--|-----------------------------|--------------|----------------------------|---|-----------------------|-------------------------------|
| 1. PLACE OF DEAT   | Н  |                             |              |                            | CE (Where deceased                      |                       | Residence before admission)   |
| u. 000HTT  | Harford                                    | M                           | ARYLAND      | e. STATE                   | ryland                                  | b. COUNTY             | larford                       |
| b. CITY OR TOV   | VN (if outside corporate lin               |                             |              |                            |   |                       | L end give nearest town)      |
| 1070 A   | and give nearest town)                     |                             |              | Do                         | x 881                                   | 12 _                  | 1                             |
|  | SPITAL OR INSTITUTION (H                   |                             | et eddress)  | d. STREET ADDRESS          | Y OOT                                   | 16                    | e. IS RESIDENCE               |
|  |  |                             |              | 77.1                       |   |                       | ON A FARM?                    |
| USA Dispe  | ensary Edgewood                            |                             |              | Edgewood                   |   | Md. 21010             | YES NO be                     |
| DECEASED   | First                                      | Middle                      |              | Last                       | 4. DATE<br>OF                           | Month                 | Day Year                      |
| (Type or print)  | Brian                                      | Edwar Edwar                 | 1 0          | Marabella                  | DEATH                                   | Jan                   | 25 19 66                      |
|  | 6. COLOR OR RACE 7. M                      | MARRIED NEVER MAR           | RIED X 8     |                            | 9. AGE                                  | birthday) Months      |                               |
|  |  |                             |              | 21 Oct 65                  |   | yrs. 3                |                               |
| 10a. USUAL OCCUPA  | TION (Give kind of work done               | 10b. KIND OF BUSINESS       | S OR         | 11. BIRTHPLACE (C          | ounty & State, or for                   | eign country)   12. C | ITIZEN OF WHAT                |
| N/A  | ing may aren it remout                     | N/A                         |              | Aberdeen, 1                | Md. 18 n.                               |                       |                               |
| 13. FATHER'S NAM   | ME   |                             |              | 14. MOTHER'S MAIL          | DEN NAME                                |                       |                               |
| Ralph M  | [arabella                                  |                             |              | Maria A                    | . Kent                                  |                       |                               |
| 15. WAS DECEASED   | EVER IN U.S. ARMED FORCES                  | 3?   16. SOCIAL SECURIT     | Y NO.   17.  |                            |   | Address               |                               |
|  | (If yes give war or dates of serv          | ice)                        | TO           | then- Sc                   | ma 99 2                                 | 6 % 3                 |                               |
|  | DEATH (Enter only one car                  | use per line for (2) (h) ar |              | forter 2                   | anc as c                                | 0 00 00               | I INTERVAL BETWEEN            |
|  |  |                             | iu (c). j    |                            |   |                       | ONSET AND DEATH               |
| 9210   | IMMEDIATE CAUSE (a)_                       | AspityAta                   |              |                            |   |                       |                               |
| 1001   | DUE TO                                     | M 3 A -                     |              |                            | in Conton                               | A -                   |                               |
|  |  | Terminal As                 | pirati       | on of Gastr                | te conten                               | US                    |                               |
|  |  |                             |              |                            |   |                       | 153905425                     |
| underlying cau   | se last. (c)_                              |                             |              |                            |   | 100                   |                               |
| PART II. OTHER   | SIGNIFICANT CONDITIONS                     | ONTRIBUTING TO DEATH B      | UTNOTRELAT   | TED TO THE TERMINAL I      | DISEASE CONDITIO                        | GIVEN IN PART 1(a)    | 19. WAS AUTOPSY<br>PERFORMED? |
| ICAT   |  |                             |              |                            |   |                       | YES NO                        |
| 20a. ACCIDENT  | WAS UNDERLYING                             | 20b. DESCRIBE HOW I         | NJURY OCCUP  | RRED. (Enter nature of     | f injury in Part I o                    | r Part II of Item 18  | 3.)                           |
| S OR CONTRIBUT   | ING CAUSE OF DEATH OTIFY MEDICAL EXAMINER) | C. W. C.                    |              |                            |   |                       |                               |
|  |  |                             | D 120e. PLAC | E OF INJURY (Home, fa      | arm.   20f. (City o                     | or town) (Co          | unty) (State)                 |
| Hour a.  | m.   | While - Not While -         | factor       | y, street, office bldg., e | etc.)                                   |                       |                               |
|  |  |                             | ر الـ        |                            |   |                       | 4                             |
|  |  | attended the decease        | d from 25    | Jan 1                      | 9_66, to_25                             |                       |                               |
|  |  | Jan 19 66                   | _, and that  | death occurred at_         | M, from th                              |                       |                               |
| 22a./ SIGMAU   | JIII                                       | AMI                         |              | ATTENDING -                | MFD. — S'                               |                       | -111                          |
| J. /H/6/   |  | MC                          | M.D.         | PHYS.                      | DIRECTOR P                              | iys.   Jan            | . 26, 1966                    |
| S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     8. DATE OF BIRTH   9. AGE (in years   IFUNDER) YEART   F. Months   Days   H. MIDOWED   DIVORCED   21 Oct 65   Status   Status   Status   Days   H. MIDOWED   DIVORCED   21 Oct 65   Status   Status   Status   Status   Days   H. MIDOWED   DIVORCED   21 Oct 65   Status   Status   Status   Days   H. MIDOWED   DIVORCED   11. BIRTHPLACE (County & Status, or foreign country)   12. CITIZEN OF COUNTRY   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   Maria   A. Kent   NAME   Maria   A. Kent   NAME   Maria   A. Kent   NAME   NAME |  |                             |              |                            |   |                       |                               |
| 0. H.  |  |                             |              |                            |   |                       |                               |
| 23a. BURIAL, CRES  | MATION, 23b. DATE THER                     | EOF 23c. NAME O             | FCEMETERY    | OR CREMATORY               | 11.11.11.11.11.11.11.11.11.11.11.11.11. |                       |                               |
| -  | 4 1 00 T                                   |                             |              |                            |   |                       |                               |
| 24. FUNERAL DIR  |  | rring Fulls                 | ral Ho       | 111162                     | 4 3 0                                   |                       |                               |
| Melotu la  | acoura St. A                               | berdeen, M                  | aryla        | nd DATEA                   | 128 1966                                | Helionel              | es judge                      |
| AAM VY   |  |                             |              |                            |   |                       |                               |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please thmove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death.

VR AI5 (4) 20M 1/65

| And Ward State |  |                |             |               | and the Upp  |
|----------------|--|----------------|-------------|---------------|--------------|
| 00750          |  |                | Harthan .   |               | 100700       |
| Brakesh        | brinkyani  |                |             | brobia        |              |
|                | Expland to the control of the contro | sur et uns     | i. boomugin |               |              |
| 1 2000         | di laman   | browago        | .na eInter  | r domes carro | the Manager  |
| 0 10           | is a second  | Liedaruk       | 3% -        | noka          |              |
|                |  | - co- <u>-</u> |             |               | M.           |
| March March    | TO LIE   | encon com-     |             |               | 1            |
|                | . A. A.  |                |             | and Del       | stati (alia) |
|                | S a grenus   | -tedas         | ₩           |               | 01           |
|                | Armole old   | nav za horsey  | ring Landon |               |              |
|                |  |                |             |               |              |
|                | and the  |                |             |               |              |
|                |  |                |             |               |              |
|                | Len do A   |                |             | <b>.</b>      |              |
| d. 12230 .b    |  |                |             | Or early e    |              |
| RD TO E        |  |                |             | al Se.        | Hotela More  |

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO DEPUTY MEDIC.

2

of &

VR AISME (5) 5M 1/65

|             | MAKY              | LAND STATE DE  | PARIMENIUF        | HEALIH            |             |
|-------------|-------------------|----------------|-------------------|-------------------|-------------|
| Division of | STATISTICAL RESEA | RCH AND RECORD | S. 301 W. PRESTON | STREET, BALTIMORE | 1. MARYLAND |
| 0798        |                   |                | CERTIFICATE       |                   | 112338      |

| 1. PLACE OF DEATH a. COUNTY  | USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)     B. STATE  |
|--|--|
| b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b  | Maryland Cecil  c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) |
| Myite RURAL end give nearest town)   |  |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   | Conowingo - Rural 07-2 d. STREET ADDRESS lo. IS RESIDENCE  |
|  | ON A FARM?   |
| HARFORD MEMORIAL HOSP. (1).OA  | YES NO 50  |
| 3. NAME OF First Middle DECEASED   | Last 4. DATE Month Day Year  |
| (Type or print) HYOY   | MAYSE DEATH / 29 19 66   |
| 5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8.  | last birthday) Months I Baye Hours I Min   |
|  | an. 27, 1902   64 yrs.   |
| 10a. USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR during most of working life, even if retired) INDUSTRY   | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?                           |
| Retired  | Kentucky USA   |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIOEN NAME   |
| Will Mayse   | Sally (unknown)  |
| 15. WAS DEC EASEO EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) (If yes give war or dates of service)   | NFORMANT Address   |
| No unleasure Ir.   | Tivis Mayse, Conowingo, Md.  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  | INTERVAL BETWEEN ONSET AND DEATH   |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCIERO   |  |
| 4200 OUE TO ,  |  |
| Conditions, if any, which geve rise to immediate (b) With 1708TIC  | STENOSIS   |
| cause (a), stating the OUE TO  |  |
| underlying cause last. (c)   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT    Contributing   Cont | TED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?              |
| 5 Pulmonary EMPHYSEMA.   | CHRONIC BRONCHITIS YES X NO [  |
| 20a. EXTERNAL CAUSE WAS/ 20b. OESCRIBE/HOW INJURY OCCUR  | REO. (Enter nature of injury in Part I or Part II of Item 18.)                                   |
| PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  |  |
| 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLAC  | E OF INJURY (Home, farm,   20f. (City or town) (County) (State)                                  |
| p.m. 19 While Not While  |  |
| 21. I certify that I took charge of the remains described above, held  | I an Autopsy, Inspection, Inquiry, and In my opinion   |
| death resulted from: Natural causes X, Accident , Suic   | ide , Homlcide , Undetermined manner   |
| 01-1   | CHIEF MEDICAL EXAMINER 🖹   |
| SIGNATURE Officer  | _M.D. ASSISTANT MEDICAL EXAMINER   |
| EXAMINER'S R.S. FISHER   | Address (Street, city, town, or county)  |
| 23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY (  | OR CREMATORY 23d. LOCATION (City, town or county) (State)  |
| Burlal Feb. 2.1966 New Bridge Ba   | aptist Eem. Harrisville, Md.   |
| 24. FUNERAL DIRECTOR ADDRESS CO.   | 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE   |
| see a savoisantsan Jeogville   | 2 Md OATE EB 9 1966 Jelianles Judge  |
|  |  |

ted . The transfer of the contract o THE HATEL STREET and the state of t Analog is any a feet any ball, and profit for "given to " fining The Company with march of the company of the compan

Bel Air, Maryland 21014

DATE

VR AI5 (4) 20M 1/65

Joseph William Foster

adCuts 50° € .C. brist . bgo" g Tr. To Tr. In 14' 62.46 Soo cotrition one no not min on ndraw cosoni .os'co (ac'co) canuar 2. 13 4 1 60 2509 of he of s .... orther (the leader) attroad airrana to, ienn. 0779 800 (0100) ปักโก กระเว evine sot ris a second (r. o .ir. c. 2101. EARDIO - REPROPERTY - FRIEDAS GARDON NAV SWEEK I CONFESTIVE HERRY PARTORE 18403 WEGINSTAR ONENO CHEROURE DIS

The clar Sideoll, .D. 101 mending t., .el ir, d. 21015

The state of the s

|               | DIVISIO   | N OF STATISTIC   |                             | YLAND STATE I                               |  |                         |                   |   | ORE 1, 1   | MARYL                      | AND                  |                     |
|---------------|---|--|-----------------------------|---|--|-------------------------|-------------------|---|------------|----------------------------|----------------------|---------------------|
|               | 00800   |  | Item                        | #2CERTIFICA                                 | TE OF D                                | EATH                    | Je                |   |            | 0(                         | 178                  | 2                   |
| 1.            | PLACE DF DEATH<br>a. COUNTY<br>Harford          |  |                             | MARYLAN                                     | a. STAT                                | Land                    |                   |   | rford      |                            |                      |                     |
|               | b. CITY OR TOW<br>write RURAL<br>Joppa          | N (if outside corporat<br>and give nearest tow               | te limits,<br>n)            | c. LENGTH OF STAY IN 4 months               | o. CITY OR Joppa                       | TOWN (If                | outside           | corporate limits, w                     | rite RURA  | 1                          | the s                |                     |
|               |   |  | N (if not in h              | ospital, give street addre                  |  | ADDRESS                 | lvenu             | е                                       |            |                            | ON A F               | DENCE<br>ARM?<br>NO |
| 3.            | NAME OF<br>DECEASED<br>(Type or print)          | WII  | rst<br>LIE                  | Middle<br>LLOYD                             | Last<br>MAINES                         |                         | 4. DA<br>DF<br>DE | ATH Janua                               | ry         | Day<br>21                  | Year<br>196          | 6                   |
|               | Male Male                                       | 6. COLOR OR RACE White                                       | 7. MARRIED<br>WIDOWED       | DIVORCED                                    | 8. DATE OF April 1                     | 5, 19                   | 4000              | 9. AGE (In years last birthday) 50 yrs. | Months     | Days                       | Hours                | Min.                |
| dui           | Ing most of work                                | TION (Give kind of work<br>ing life, even if retire<br>Piver | done 10b. I                 | ind of Business or<br>Industry<br>Increte   | Alleghe                                | ny t No                 | orth              | tate, or foreign count<br>Carolina      |            | CITIZEN<br>COUNTRY<br>U.S. | 3                    |                     |
| 13            | Presto  | n Maines   | 1.9                         |   | 14. MOTH<br>Anni                       | er's Mail<br>e And      |                   | E                                       |            |                            |                      |                     |
| 15<br>(Y      | NO NAS DECEASED                                 | EVER IN U.S. ARMED FO<br>(1f yes give war or dates o         | f service)                  |   | 17. INFORMANT<br>Dean Pres             | ton N                   | /aine             | Addr<br>s, Aberde                       |            | aryl                       | and                  |                     |
|               | AND ASSESSMENT OF THE PARTY OF                  | EATH WAS CAUSED BY<br>IMMEDIATE CAUSE                        | (a) C                       | line for (a), (b), and (c).]                | calu                                   | sin                     |                   |   |            | ONS                        | RVAL BET<br>ET AND D | EATH                |
|               | Conditions, If gave rise to cause (a), s        | Immediate  | (b) h                       | yperterran                                  | e heart                                |                         |                   | obstrud                                 | -          | 2                          | lars,                | 5                   |
| CATION        | PART II. OTHER                                  |  | ONS CONTRIB                 | UTING TO DEATH BUT NOT                      |  |                         |                   |   | N PART 1(a |                            | WAS AU PERFORI       |                     |
| CERTIFICATION | 20a. ACCIDENT<br>OR CONTRIBUT<br>(IF EITHER, NO | WAS UNDERLYING ☐<br>ING ☐ CAUSE OF DEA<br>TIFY MEDICAL EXAMI | TH<br>NER)                  | DESCRIBE HOW INJURY                         | OCCURRED. (Enter                       | r nature o              | f injury i        | n Part I or Part II                     | of Item 1  |                            |                      |                     |
| MEDICAL       | 20c. TIME OF<br>Hour a.t                        |  | Year 20d.<br>While<br>at wo | Not While                                   | PLACE OF INJUR<br>factory, street, off | Y (Home, faice bldg., 6 |                   | of. (City or town)                      | (C         | ounty)                     | (S                   | tate)               |
|               | saw the de                                      | ceased alive on  | oital) attend               | ded the deceased from<br>19 <u>66</u> , and |  |                         | 9 5 4,<br>30 pm   | to 1-21, from the cause                 |            | the dat                    |                      |                     |
|               | 22a. SIGNATU                                    | U GH   | od                          | nis   | M.D. ATTENDII                          | X                       | MED.<br>DIRECTO   | R STAFF                                 |            | DATE SI                    | 1 1                  |                     |
|               | NAME (T   | ype) Fred 0  | Hodous,                     |   | Edg                                    | gewood                  |                   | ., Maryla                               |            |                            |                      |                     |
| 23            | REMOVAL (Sp<br>Remova                           | ecify) Jan 22  |                             |   | TERY OR CREMAT                         |                         |                   | Sparta, N                               | orth       | Caro                       | lina                 | ate)                |
|               | Howard K.                                       | ECTOR McComas &  | Son,                        | Abingdon, Md                                | . 21009                                | 25a. RE                 | 1 2 5             | 1966 25b.                               | Lunt       | 2 200                      | IATURE<br>Idgiz      |                     |

2

1966

| No. Co.     |            |               |            |                    |       |  |  |
|-------------|------------|---------------|------------|--------------------|-------|--|--|
|             |            |               |            |                    | CAROL |  |  |
|             |            |               |            |                    |       |  |  |
|             |            |               |            |                    |       |  |  |
|             |            |               |            |                    |       |  |  |
|             |            |               |            | 100                |       |  |  |
|             |            |               |            |                    |       |  |  |
|             |            |               |            |                    |       |  |  |
|             |            |               |            |                    |       |  |  |
|             |            |               |            |                    |       |  |  |
|             |            |               |            |                    | 100   |  |  |
|             |            |               |            |                    |       |  |  |
| 6 A C       | The sale   |               | Determine. |                    | 9.7   |  |  |
|             | \$1,020    |               |            |                    |       |  |  |
|             |            |               |            |                    |       |  |  |
|             |            |               |            |                    |       |  |  |
|             |            | Myster        |            |                    | 1     |  |  |
| MARKET CO.  | 100        |               |            |                    |       |  |  |
|             |            |               |            |                    |       |  |  |
|             |            |               |            |                    |       |  |  |
|             |            |               |            |                    |       |  |  |
|             |            |               |            |                    |       |  |  |
|             | - 1 N 9 1  |               |            | let established to |       |  |  |
|             |            |               |            |                    |       |  |  |
|             |            |               |            |                    |       |  |  |
|             |            |               |            |                    |       |  |  |
|             |            |               |            |                    |       |  |  |
|             |            |               | SONIA IN   |                    |       |  |  |
| Tree of the |            |               |            |                    |       |  |  |
|             | - 1700 men |               |            |                    |       |  |  |
|             |            | AL PER ARE IN | 1-28 1     | o E timolo         |       |  |  |

FOR STATEM HEALTH DEPT

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is coessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. 10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and In any event Within 72 hours after death. TO DEPUTY MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| 00801 MEDICAL EXAMINER'S   | S CERTIFICATE OF DEATH 00783  |
|--|---|
| 1. PLACE OF DEATH a. COUNTY Harford MARYLANI   | 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE Maryland b. COUNTY Harford   |
| b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  Havre de Grace  D.O.A.   | c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Rural - Bel Air /2-/  |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address  Harford Memorial Hospital   | d. STREET AOORESS Schuck's Road  e. IS RESIDENCE ON A FARM? YES \( \sigma \) NO \( \begin{array}{ccccc} \text{PS} \)  |
| (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)  | Grady  4. DATE Month Day Year OF DEATH January 4, 19 66   |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED OIVORCED  | 8. DATE OF BIRTH  9. AGE (in years   IF UNDER 1 YEAR   IF UNDER 24 HRS     May 23, 1911   9. AGE (in years   IF UNDER 1 YEAR   IF UNDER 24 HRS     Months   Days   Hours   Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Plater  10b. KIND OF BUSINESS OR INDUSTRY  Electronics  | 11. BIRTHPLACE (State or foreign country)  Grayson Co., Virginia  12. CITIZEN OF WHAT COUNTRY?  U.S.A.  |
| 13. FATHER'S NAME  Winton McGrady  | 14. MOTHER'S MAIOEN NAME  Ellie Duncan  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) (16. SOCIAL SECURITY NO. 229-14-5666 M   | rs. Mildred H. McGrady Bel Air, Md. 21014   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  Coronary occlu  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTE   |   |
| CATI   | PERFORMED? YES NO COURRED. (Enter nature of Injury In Part I or Part II of Item 18.)  |
| ₹ 20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e.   | PLACE OF INJURY (Home, farm, actory, street, office bldg., etc.)  |
| 21. I certify that I took charge of the remains described above, death resulted from: Natural causes , Accident , ACTUAL SIGNATURE CENTRAL CONTROL CON | Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER BELLA 22. DATE SIGNED  M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)  Address (Street, city, town, or county) |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMES REMOVAL (Specify)  Burial Jan. 6, 1966  Ht. Zion Met  | in. Cem. 23d. LOCATION (City, town or county) (State)   |
| 24. FUNERAL DIRECTOR  W. Broadway & Willi  Bel Air, Maryland 2   | ams St. IAN C 40CC Melines under  |

VR AISME (5) 5M 1/65 2

Joseph William Foster

bio is: 30.0, 10.0 avro de Grace D.O.A. Iural - Del Air tarriore tenomial control comparts on Clarence Leonard curedy by 55 X 210 . htv : av 23, 1911 ru Clater Pretronies regreen Co., Co. Co. creaming offi. ชาวจาก อาสารณ์ (42.20) 222 400 ... 030 4220 (42.20) 41012 of the le when o will en. distilled solavínse varrace. inn it, 1966 ·uring .en.u. 1 % in the cion about on an article on a contract of the contrac materia materia deseroi. MADVIAND STATE DEDADTMENT OF HEALTH

|               | 00802                                | N OF STATISTI   | CAL RESE        | ARCH AND RECORD CERTIFICAT          | S, 301 W. PRESTO             |                     | BALTIMO         | RE 1, MAI       | RYLAND<br>784  |         |
|---------------|--------------------------------------|---|-----------------|-------------------------------------|------------------------------|---------------------|-----------------|-----------------|--|---------|
| 1.            | PLACE DF DEAT                        | H   |                 |                                     | 2. USUAL RESIDENC            | CE (Where decease   | d lived, If ins | titution: Resid | ence before admi   | ission) |
|               | a. COUNTY                            | rford   |                 | 200                                 | a. STATE                     | ryland              | b. COUN         | ITY Ha.         | rford  |         |
| -             |                                      |   | ate limits      | MARYLAND    c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If          |                     | ta limite wr    |                 |  | town)   |
| (             | Rural)                               | N (if outside corporand give nearest to Aberdeen              |                 |                                     | (R                           |                     | Aberd           |                 | 2 - /  | LOWIN,  |
|               | d. NAME OF HO                        | SPITAL OR INSTITUTI   | ON (if not In h | ospital, give street address        | d. STREET ADDRESS            |                     |                 |                 | e. IS RESID<br>ON A FAR  | ENCE    |
|               | Route                                | ,,  |                 |                                     | *1                           | ute #1,             |                 |                 | YES N  |         |
| 3.            | NAME DF<br>DECEASED                  |   | irst            | Middle                              | Last TO                      | 4. DATE<br>DF       | Month           | 0.1             | Day Year   | 6       |
| -             | (Type or print)                      | GL  |                 | T.                                  | MOFFIT                       | DEATH               | Janua           |                 |  |         |
| Э.            |                                      | 6. COLOR OR RACE  | 7. MARRIED      | NEVER MARRIED                       | 8. DATE OF BIRTH             | a la                | st birthday)    | Months   Day    | EAR IF UNOER 2   | Min.    |
|               | Male                                 | White   | WIDOWED         |                                     | ,                            | AOT   01            | yrs.            |                 |  |         |
| 10a           | INCOME TO STATE THE PROPERTY OF WORK | ION (Give kind of worl  | done 10b. K     | IND OF BUSINESS OR                  | 11. BIRTHPLACE (Co           | ounty & State, or i | foreign country | 12. CITIZ       | ZEN OF WHAT  |         |
| C             | arpente                              | Ing life, even if retire<br>r (Ret.)                          | U.              | NDUSTRY<br>S. Govt. AP              | West V:                      | irginia             |                 | U.S             | .A.  |         |
|               | . FATHER'S NAM                       |   |                 |                                     | 1 14. MOTHER'S MAID          | EN NAME             |                 |                 |  |         |
|               | J                                    | ohn J. Mo   | offit           |                                     | Mary V                       | Weese               |                 |                 |  |         |
| 15            | . WAS DECEASED                       | EVER IN U.S. ARMED F  | ORCES?   16.    | SOCIAL SECURITY NO.   17.           | INFORMANT                    | 10000               | Addres          | S               |  |         |
| (Ye           |                                      | (If yes give war or dates                                     | of service)     | 2 22 2655                           | Wit fo                       |                     | 2 0             | 0.2             |  |         |
|               | No                                   | DEATH FE I I  | <u> </u>        | 2-22-26551                          | Wife                         | same as             | 2 c             |                 | NAME OF THE OWNER OWNER OF THE OWNER OW | 100     |
|               |                                      | DEATH [Enter only or<br>EATH WAS CAUSED B'<br>IMMEDIATE CAUSE | Y :             | ine (or (1), (b), and (c).]         | Thro                         | moosi               | 5               |                 | ONSET AND DE   |         |
|               | 332                                  | 11  |                 | 1.0 00                              |                              |                     |                 |                 | 1  | 1       |
|               | Conditions, If                       |   | (b)             | Calbina                             | actor                        | 6401ena             | 935             |                 | Dyr  |         |
|               | gave rise to cause (a), si           | Ditt  | TO              |                                     |                              |                     |                 |                 |  |         |
|               | underlying caus                      |   | (c)             |                                     |                              |                     |                 |                 | -  |         |
| NO            | PART II. OTHER S                     | IGNIFICANT CONDITI  |                 | UTING TO DEATH BUT NOT REL          | ATED TO THE TERMINAL D       | DISEASE CONDITI     | ON GIVEN IN     | PART 1(a)       | 19. WAS AUTO   |         |
| SAT           |                                      |   |                 |                                     |                              |                     |                 |                 | PERFORME<br>YES NO   | -       |
| IFIC          | 20a ACCIDENT                         | WAS UNDERLYING  | 1 1 20h         | DESCRIBE HOW INJURY OCC             | HODED /Enter nature of       | Indusy in Dart i    | or Part II o    | f Itam 18 \     | 152  | 0 X     |
| CERTIFICATION | OR CONTRIBUTI                        | NG CAUSE OF DET   | TH<br>INER)     | DESCRIBE NOW INJURY OCC             | ORKED. (Enter nature of      | mjuly m Palt i      | OI PAIL II O    | i item 10.)     |  |         |
| CAL           |                                      | NJURY Month, Day,   | Year   20d. I   |                                     | ACE OF INJURY (Home, fa      |                     | or town)        | (County         | ) (Sta   | ite)    |
| MEDICAL       | Hour a.m                             |   | While at wor    | Not while                           | ory, street, office bldg., e | tc.)                |                 | A /             |  |         |
| 2             |                                      | ^   | 7               |                                     | 3-28- 11                     | 06 7 40             | 1-24            | ~10 lah         | that /I\ /wa'  | · look  |
|               | 1                                    | that (1) (this hos  | 17774           | ed the deceased from                | , ,                          | 97 to               |                 | 1966            | , that (I) (we)  |         |
|               | 22a. SIGNATUI                        | eased alive on  | 1/3             | 19 90, and tha                      | it death occurred at 4       | THORE , INCHE       | the causes      | and on the      | date stated a  | bove.   |
|               | 22a. 31divA                          | JAN 12  | IM              | TIMALI                              | D. ATTENDING DE L            | MED.                | STAFF -         | ZZU. DAIL       | SIGNED   |         |
|               | 22c. PHYSICIA                        | - LANGE   | VV U            | M. M.                               |                              | DIRECTOR            | PHYS.           |                 |  |         |
|               | NAME (T)                             | (ne)  | מ מ כ           | ODMAN M D                           | 8 Law S                      | + Abox              | a. o. b.        | 350.000         | 1 3  |         |
|               |                                      | PETEI   |                 | ODMAN, M.D.                         |                              | t. Aber             |                 |                 |  |         |
| 23a           | BURIAL, CREM                         | ATION, 23b. DATE  | THEREOF         | 23c. NAME OF CEMETER                |                              |                     | ION (City, to   | wn or county    | (State   | e)      |
|               | REMOVAL (Spe<br>Burial               |   | 66              | Harford Mer                         |                              | dens,               | Aberd           |                 | Maryla   | nd      |
| 24            |                                      |   | Tarr            | ing ADDRESSeral                     |                              | D'D BY REGISTRA     | R 25b, RI       | GISTRAR'S       | IGNATURE   |         |
| 4             | Isla le le                           | Cornley Di  | Abe             | rdeen, Mary                         | land JAN                     | 26 1966             | ful             | mes y           | 7  |         |

VR AIS (4) 20M 1/65

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

**TO HOSPITAL DR ATTENDING PHYSICIAN:** The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

executed within 24 hours after death.

THE RESERVE OF THE PARTY OF THE The section of the se The state of the state of All results of the second seco William bearing the second of 
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00803 PLACE OF BEATH CERTIFICATE OF DEATH and 2 death. death. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Pages 1 after b. COUNTY after TArtor MARY! AND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Pag write RURAL and give nearest town) hours 0 OFACE = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital) filled give street address 24 within letely with carbon 3. NAME OF First DATE Month 4 Last 4. DECEASED 0F comple ove car ON DEATH (Type or print) 5 executed SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE OATE OF BIRTH 7. MARRIED NEVER MARRIEO last birthday) | Months | WIOOWED DIVORCED sician a lease Te and in 10a, USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) pe during most of working life, even if retired) INOUSTRY lonsen physic n plea death certificate FATHER'S NAME MOTHER'S MAJOEN NAME 14. attending ph rmit. Then removal 15. WAS DECEMBED EVER IN U.S. ARMED FORCES? 16. SOP AL SECURITY NO. 17 INFORMANT Address permit. 0 (Yes\_no or unkown) (If yes give war or dates of service) cremation, the CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) been signed by the the burial-transit or to burial, cremati The law requires that the PART I. OEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate **OUE TO** cause (a), stating the prior underlying cause last. has SB CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CON RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate h for use Health 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this certury detached for PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) should be be de State Not While factory, street, office bldg., etc.) Hour a.m. ATTENDING p.m at work at work retained 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the M, from the causes and on the date stated above. 1966 saw the deceased alive on ... and that death occurred at 22a. SIGNATURE pe filed ATTENDING M.D. PHYS. DIRECTOR PHYS Page 4 may D HOSPITAL PHYSICIAN'S FUNERAL 220. director, p 22d AOORESS NAME (Type) BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0

ADDRESS

e. IS RESIDENCE

ON A FARM?

Year

196

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMEO?

NO

(State)

(State)

NO

YES

Days

12. CITIZEN OF WHAT

19.

DATE SIGNED

(County)

REGISTRAR'S SIGNATURE

25a.

REC'D BY

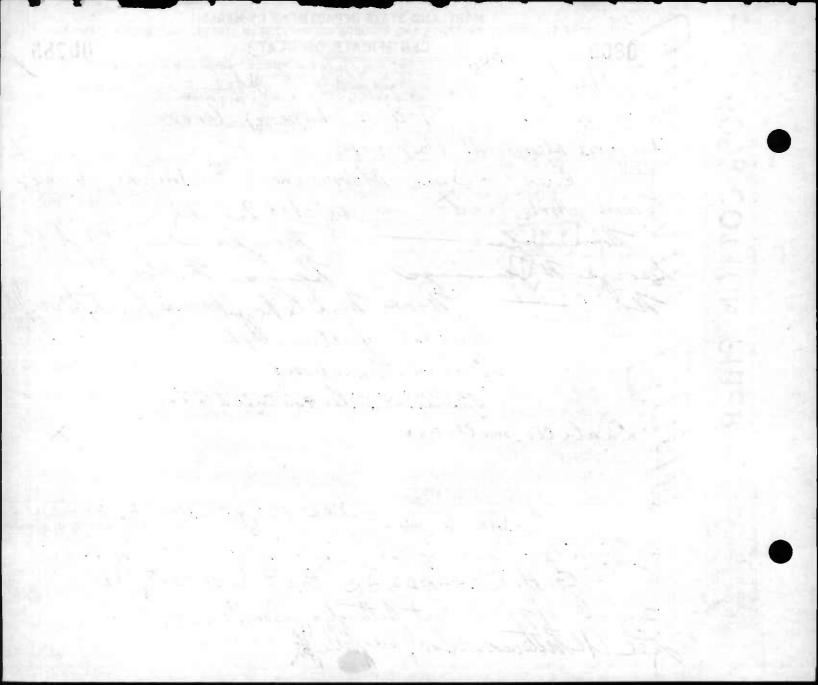
REGISTRAR

25b.

YES V

VR A15 (4) 20M 1/65

una FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

|    | -             | 00001  | 0.7800   |  |  |  |  |  |
|----|---------------|--|--|--|--|--|--|--|
|    | 1.            | PLACE DF DEATH a. COUNTY  HARFOR  MARYLAND   | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY ARFORD  |  |  |  |  |  |
|    |               | b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   |  |  |  |  |  |
|    | ,             | HASRE OF GRACE   | BelAiR -RFD 121  |  |  |  |  |  |
|    |               | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   | d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?  |  |  |  |  |  |
| 6  | E             | HARford Memorial Hosp.   | TROSPORT MILL KO. YES ND   |  |  |  |  |  |
|    | 3.            | NAME OF First Middle DECEASED (Type or print) Tho mAS FRANKIN  | Marrison Death January 18 1966.  |  |  |  |  |  |
|    | 5.            | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8  | B. DATE DF BIRTH  9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   IFUNDER 24 H |  |  |  |  |  |
|    | 1             | MALE WHITE WIDDWED DIVORCED I  | Dec. 19, 1004 8/ yrs.  |  |  |  |  |  |
|    | 10a<br>dur    | . USUAL OCCUPATION (Give kind of work done Ing most of working life, even if retired)  10b. KIND DF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY?   |  |  |  |  |  |
|    | 13            | Farmer Farm  | North Carolina U.S.A.  |  |  |  |  |  |
|    | 10.           | William Wesley Morrison  | Tobitha Harris   |  |  |  |  |  |
|    | 15            | · · · · · · · · · · · · · · · · · · ·  | INFORMANT Address  |  |  |  |  |  |
|    | (Ye           | s, no <sub>t</sub> or unkown) (If yes give war or dates of service)  |  |  |  |  |  |  |
|    | -             |  | obert P. Morrison, Bel Air, Md.  |  |  |  |  |  |
|    |               | 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:                   | ONSET AND DEATH  |  |  |  |  |  |
|    |               | IMMEDIATE CAUSE (a) Therestelle Curtato or setting the setting   |  |  |  |  |  |  |
|    |               | Conditions, If any, which ) DUE TO Glever along of Ottorios Clerosis (Differs.)  |  |  |  |  |  |  |
|    |               | gave rise to immediate   | unenos curoses (Oyeurs.  |  |  |  |  |  |
|    |               | cause (a), stating the DUE TO underlying cause last.   |  |  |  |  |  |  |
|    | No.           | PART I JOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  | TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTDPSY  |  |  |  |  |  |
|    | CATI          | a Higheton Michiting (2)   | Hespertation presenting YES NO NO  |  |  |  |  |  |
| 0  | H.            | 202. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCU   | IRRED. (Enter nature of Injury in Part I or Part II of Item 18.)   |  |  |  |  |  |
|    | CERTIFICATION | DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |  |  |  |  |  |  |
|    |               | 2Dc. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAC  | CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)   |  |  |  |  |  |
|    | MEDICAL       | Hour a.m. While Not While at work at work  | ry, street, office bldg., etc.)  |  |  |  |  |  |
|    | 2             | 21. I certify that (I) (this hospital) attended the deceased from  | 2/24 1966 to 1/10 1966, that (1) (we) last   |  |  |  |  |  |
|    |               |  | death occurred at 2 M, from the causes and on the date stated above.   |  |  |  |  |  |
|    |               | 22a. SICNATURE   | 22b. DATE SIGNED   |  |  |  |  |  |
| 1_ |               | M.D. M.D. M.D  | ATTENDING MED. STAFF DIRECTOR PHYS.   1/10/66  |  |  |  |  |  |
| 1  |               | 22c. PHYSTCIAN'S NAME (Type) Eduand to Loo. M.   | 22d ADDRESS de Grace And   |  |  |  |  |  |
|    | 23a           | BURIAL, CREMATION, 23b. PATE THEREOF   23c. NAME OF CEMETERY   | DR CREMATORY   23d. LOCATION (City, town or county) (State)  |  |  |  |  |  |
| 1  | 238           | REMDVAL (Specify)  |  |  |  |  |  |  |
| 5  | 24.           | Burlal // 766. Oak Grove (EUNERAL DIRECTOR Tarriaddress Uner   | Cemetery Bel Air. al Homes, REC'D BY REGISTRAR 25B. REGISTRAR'S SIGNATURE  |  |  |  |  |  |
| 5  | 1             |  | yland off N 13 1966 felianles Judge  |  |  |  |  |  |
|    |               |  |  |  |  |  |  |  |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate. Page 4 may be retained by the hospital or attending physician.

executed within 24 hours after death.

A15 5 (4) 1/65 the had not be time and the Will when he stordson, our ended the

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COLINTY o. STATE b. COLINTY ·2 0 PM3. Poge MARYLAND deloy b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write\_RURAL and give nearest town)" RuralF Life Rural ores & e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) haurs ON A FARM? with form Pages YES NO X Stote 24 hours after death. 3. NAME OF Middle Last 4 DATE DECEASED Walt within along 1 S. SEX IF UNDER 1 YEAR DATE OF BIRTH AGE 7 MARRIED NEVER MARRIED last birthday) Months WIDOWED DIVORCED event LOg. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? Gen. farming Cooptown, Maryland Farmer (retired 13. FATHER'S NAMI 14 MOTHER'S MAIDEN NAMI be executed within pencil Exam George Washington Morse Laura J. Greene and File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? AddressMorse Road 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates af service) removal J. Morse Amos Forest Hill. IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 0 IMMEDIATE CAUSE (o) This certificate should cremation, DUE TO Conditions, if ony, which gove (b) rise ta immediate cause (a), DHE TO e, writing the stating the underlying couse buriol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? NO pe 2 prior 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) should should PRIMARY Or CONTRIBUTING CAUSE OF DEATH designated ogent, 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Haur a.m. factory, street, office bldg., etc.) While Not While moy be retained for your FUNERAL DIRECTOR: Poge at work at work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection 7. Inquiry 2, and in my apinian the funerol director. Natural causes death resulted fram: Accident . Undetermined manner Suicide . Homicide CHIEF MEDICAL EXAMINER SIGNATURE 9 Heolth or DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) GCT d Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23d. LOCATION (City or Town) (County) (State) 0 REMOVAL (Specify) 966 William Watters Buria. Cooptown, Harford 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 255 REGISTRAR'S SIGNATUR VR A15ME (5) 6M 1/66

| ESCOR .      |      |      |                           |  |
|--------------|------|------|---------------------------|--|
|              |      |      |                           |  |
| 1,200        |      |      |                           |  |
|              |      |      |                           |  |
|              |      |      |                           |  |
|              |      |      |                           |  |
|              | v of | p    | Participant of the second |  |
|              |      |      |                           |  |
|              |      |      |                           |  |
|              |      |      |                           |  |
|              |      | G 16 | 1 , 44                    |  |
|              |      |      |                           |  |
| AND THE REST |      |      |                           |  |
|              |      | 4    |                           |  |

FOR STATE HEALTH DEPT TO DEPUTY M. CCAL EXAMINER: This certificate should be executed within 24 hours after death. If any of y is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours of death.

> VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00806

| MEDICAL EXAMINER'S CERTIFICATE OF DEAT | TH |
|--|----|

|   | 00806 MEDICAL EXAMINER'S   | CERTIFICATE OF DEATH                                     | 00788                                   |
|---|--|--|---|
|   | 1. PLACE OF DEATH Hay L  | 2. USUAL RESIDENCE (Where decessed lived, If instituti   | long Residence before admission         |
|   | Baltimore Maryland   | e. STATE b. COUNTY Maryland B.                           | altimore                                |
|   | b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b  | c. CITY OR TOWN (If outside corporate limits, write RURA |   |
|   | write RURAL end give neerest town)  Edgewood Maryland Unknown  | Edgewood /2  |   |
| 8 | Edgewood Maryland Unknown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)                                 | d. STREET ADDRESS  | a. IS RESIDENCE                         |
| 0 | 10 Kennard Ave   | 10 Kennard Ave   | YES NO X                                |
|   | 3. NAME OF First Middle  | Last 4. DATE Month                                       | Dey Yeer                                |
| - | (Type or print)  | OF DEATH   | 28 1966                                 |
| 9 | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.  | DATE OF BIRTH 9. AGE (In yeers   IF UNI                  |   |
|   | MALE WHITE WIDOWED DIVORCED  | 3/23/32 last birthdey) Month                             |   |
| 4 | 10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR  | 3/23/32  | . CITIZEN OF WHAT COUNTRY               |
|   | Laboratory Tech.  Chemical   |  | U.S.A.                                  |
|   | 13. FATHER'S NAME  | Tenn.  |   |
|   | Ocie Nunnery   |  |   |
|   |  | Allie (Unknown)  |   |
|   | (Yes, no, or unkown)   (If yes give wer or detes of service)   |  | and Md                                  |
|   | Yes Korean War 5111301303 W.   | ife 10 Kennard Ave. Edgew                                | INTERVAL BETWEEN                        |
|   | DART I DEATH WAS CAUSED BY   | D  | ONSET AND DEATH                         |
|   | IMMEDIATE CAUSE (a) CARBON /10   | VOXIDE PRISONING   |   |
|   | 9/60 DUE TO  | BURNS  |   |
|   | Conditions, if any, which (b) (b)  | DURNS  |   |
| H | (a), steting the underlying DUE TO   |  |   |
| 9 | cause lest. (c)  |  |   |
| 4 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  2Do. EXTERNAL CAUSE WAS RIMARY IT OF CONTRIBUTING  CAUSE OF DEATH. | I RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN     | PART 1(e) 19. WAS AUTOPSY<br>PERFORMED? |
| 4 | 100  |  | YES NO                                  |
|   | 2De. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING   2Db. DESCRIBE HOW INJURY OCCURED. (E   | inter neture of Injury in Part I or Pert II of Item 18.) |   |
|   | ch la ara llon   | In Home Fire   |   |
|   | Hour While Not While O fector  | ory, street, office bldg., etc.)                         | (County) (Slete)                        |
|   | 930 p.m. 1/28 1966 et work et work   | nome Expension - HA                                      | REURD MO                                |
|   | 21. I certify that I took charge of the remains described above, he  | ld an Autopsy , Inspection , Inquiry                     | , and in my opinion                     |
|   | death resulted from: Natural causes , Accident , Suici   | de, Homicide, Undetermined manner                        |   |
|   | 0.10   | CHIEF MEDICAL EXAMINER                                   |   |
|   | SIGNATURE SIGNATURE  | M.D. ASSISTANT MEDICAL EXAMINER                          | DATE SIGNED                             |
|   | EXAMINER'S   | DEPUTY MEDICAL EXAMINER                                  | 1/3/1/1                                 |
|   | NAME (Type) (T-) /TISher   | Address (Street, city, town, or county)                  | 1/ 10/66                                |
|   | 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)   | CREMATORY 22d. LOCATION (City, town, or cou              | untry) (Stete)                          |
|   | Removal 1/31/66 Camden Cemeter   | ry Camden, Tenn.   |   |
|   | 23. FUNERAL DIRECTOR ADDRESS   | 24e. REC'D BY REGISTRAR 24b REGISTRAN                    | es SIGNATURE                            |
|   | Wm. Cook-Brooks Inc. 1217 St. Paul St. Baltimore, Md.  | F.E.B 3 1966   Juliano                                   | 0                                       |

E = 3 C a a e ce ce ce te 12.00%以7. 第一次 第二次 A STATE OF THE PARTY OF THE PAR 

MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00000 CERTIFICATE OF DEATH

| 1             | UUOU   | CERTIFICATE   | OF DEATH                       |                             | 111789                              |
|---------------|--|---|--------------------------------|-----------------------------|-------------------------------------|
| <i>f</i> 1.   | PLACE DF DEATH   |   | 2. USUAL RESIDENCE (When       | e deceased lived, If instit | tution: Residence before admission) |
|               | a. CDUNTY  |   | a. STATE                       | b. COUNTY                   | 1/1notond                           |
|               | MACTORA  | MARYLAND  | 101                            |                             | 14/4/10/0                           |
| ,             | b. CITY DR TDWN (if outside corporate lin<br>write RURAL and give nearest town)                  | mits, c. LENGTH OF STAY IN 1b   | c. CITY OR IDWN (If outside    | Corporate limits, write     | RURAL and give nearest town)        |
| 1             | lavre de Corace  | 1/12 days   | Algorithm and the second       | White Hal                   | 12                                  |
|               | d. NAME OF HOSPITAL OR INSTITUTION (IF   | not in hospital, give street address)   | d. STREET ADDRESS NOTT         |                             | e. IS RESIDENCE                     |
| 1             | 1-11/  | 1 1/2 1 1   | Norr                           | isville K                   | oad on a farm?                      |
|               | Artord Memoria   | 1 HOSPITTAL   | 101                            |                             | I LES LI NO DI                      |
| 3.            | DECEASED MARY. First   | Middle  | / Last / 4. D/                 | ATE Month                   | Day Year                            |
|               | (Type or print)  | Vae th  |                                | EATH JANKIAI                | ru 20 1966                          |
| 5.            | SEX   6. CDLOR OR RACE   7 A   | MARRIED NEVER MARRIED 8   | . DATE OF BIRTH                | 9. AGE (In years   IF       | UNDER 1 YEAR   IF UNDER 24 HRS.     |
| 1             |  |   | 30 3070                        | last birthday) M            | Ionths   Days   Hours   Min.        |
|               | SIIII CIVIII C   |   | ec. 19,1878                    | 8/ yrs.                     |                                     |
| dui           | a. USUAL OCCUPATION (Cive kind of work done<br>ring most of working life, even if retired)       | 1Db. MIND OF BUSINESS OR<br>INDUSTRY  | 11. BIRTHPLACE (County & S     | State, or foreign country)  | 12. CITIZEN OF WHAT COUNTRY?        |
|               | Housewife  | Home  | Shawsville.                    | Maryland                    | U.S.A.                              |
| 13            | . FATHER'S NAME  | 1101110   | 14. MDTHER'S MAIDEN NAM        |                             |                                     |
|               | Tales Galasia Dali   |   | D-1-4                          |                             |                                     |
| - 10          | John Calvin Robi   |   | Emma Robi                      |                             |                                     |
|               | i. WAS DECEASED EVER IN U.S. ARMED FORCES es, no, or unkown) [(If yes give war or dates of servi |   | INFORMANT                      | Address                     | Box 257                             |
|               | No   | Art   | hur R. Phill                   | ins White                   | Hall. Md.                           |
| =             | 18. CAUSE DF DEATH (Enter only one cau   |   | . 0                            | 1 7                         | I INTERVAL BETWEEN                  |
|               | PART I. DEATH WAS CAUSED BY:   | 100000  | Margula X                      | 10 1                        | ONSET AND DEATH                     |
|               | IMMEDIATE CAUSE (a)_   | Cercora   | Jasuar A                       | Emorrial                    | e 14 clark                          |
|               | 443X DUE TO  | 11.0-   | - 0 0 2                        | - 00                        | 112                                 |
|               | Cenditions, If any, which (b)_   | Hypellusive.  | and witer                      | is school                   | cc.                                 |
|               | gave rise to immediate   | The D:  | 0 0 -                          | 2000                        | 2                                   |
|               | cause (a), starting the  | Mundio vas  | cular +                        | rease                       |                                     |
| z             | underlying cause last. (c)   | ON TO DESCRIPTION OF SELECTION |                                | ACHDITION ON THE IN DA      | ART 1(a) 119. WAS AUTDPSY           |
| CERTIFICATION | PART II. OTHER SIGNIFICANT CONDITIONS  | DNIKIBUTING TO DEATH BUT NOT RELA   | TED TO THE TERMINAL DISEASE    | CONDITION GIVEN IN PA       | PERFORMEQ?                          |
| CA            | Tabeles 1  | wellitus  |                                |                             | YES NO                              |
| II.           | 20a. ACCIDENT WAS UNDERLYING   | 20h. DESCRIBE HOW INJURY OCCU   | RREO. (Enter nature of Injury  | In Part I or Part II of I   | Item 18.)                           |
| ER            | DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)                              |   |                                |                             |                                     |
|               |  |   | DE DE INITIDA (Ilama farm ) Of | of (Older on Agence)        | (County) (State)                    |
| MEDICAL       | 20c. TIME DF INJURY Month, Day, Year<br>Hour a.m.  | factor  | y, street, office bldg., etc.) | of. (City or town)          | (County) (State)                    |
| AEC           | p.m. 19  | While at work at work   |                                |                             |                                     |
| -             | 21. I certify that (i) (this hospital)   |   | AN. 18 1066                    | to JAN. 20                  | 1066 that (1) (wa) last             |
|               |  |   |                                |                             |                                     |
|               | Outr the accounce ante bit   | 1960, and that  |                                |                             | nd on the date stated above.        |
|               | 22a. SIGNATURE   | 2/00  | ATTENDING MED.                 | STAFF -                     | 220. DATE SIGNED                    |
|               | Alund (  | 1100mi) M.O.  | . PHYS. OIRECTE                | OR PHYS.                    | 1/10/66.                            |
| -             | 22c. PHYSICIAN'S   | 1 - 1   | 22d. ADDRESS                   | Da-D                        |                                     |
|               | NAME (Type) Letwase  | a C. LOO, M.D   | Haure a                        | letpace                     | 2, ma.                              |
| 232           | a. BURIAL, CREMATION, 23b. DATE THER   | REOF   23c. NAME OF CEMETERY  | OR CREMATORY 23d               | LOCATION (City, tow         | n or county) (State)                |
|               | REMOVAL (Specify)  |   |                                | 0                           |                                     |
|               |  | 66 Ayres Chape  |                                | hawsville                   | Maryland                            |
| 24            | . FUNERAL DIRECTOR   | ADDRESS   | 25a. REC'D BY F                | EGISTRAR 25b. REG           | ISTRAK'S SIGNATURE                  |
| 1/            | Lucley & Skust   | Just eller lle  | MR JAN 24                      | 1000 Pelin                  | mela. Ondas                         |

VR A15 5 (4) 1/65

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

0

ALC: Dending a Climent of the north non-look some non-months of the man . bi . Limit of entities at Tungeria. He Beelsteel affevrous. The first of the state of the s MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65

Joseph William Foster

| 00700                |   |  |  | U891     |
|----------------------|---|--|--|----------|
| Torsin a             | bashman   |  | ~~0                                      |          |
|                      | not differ (form)                                 | 20 and 22                                    | icum (Leur)                              | Ic       |
| x                    | Jan Jove Toad                                     |  | n Love ond                               | o,[0     |
| 23, 66               | pan s   | ರ್ಷ-೧೯೯೭                                     | docersh thom                             |          |
|                      | 12, 1179 85                                       | V*,0   | x silili                                 | er:      |
| .7.0.0               | orth Conollan                                     | ricul bura                                   | 712                                      | Terms.   |
|                      | ene, ielrika<br>( on) 257- 47<br>entri hiora arli |  |  | •4       |
|                      | Section 1   | 3-   |  |          |
| x                    |   |  |  |          |
|                      | 6   |  |  |          |
| cen. S., 1900        | x<br>brafyson, end waters                         | المراجع الماء                                | Lid - olu                                |          |
| * 34.00 TOS SUT (1.0 | ta, ve, Pouta of ils                              | to least atriol<br>atribution<br>Arota 21014 | , 11, 125, 125, 125, 125, 125, 125, 125, | 11-12-12 |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral-director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. 66 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
ORDER
OF DEATH

| 00003  | 0.74.7   |
|--|--|
| 1. PLACE OF DEATH 2. COUNTY  | 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY   |
| HACTORD MARYLAND   | a. STATE Md b. COUNTY Hartord  |
| b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   |
| Havre de Grace 3 hours   | 12-1   |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   | d. STREET ADDRESS 2307   6. IS RESIDENCE ON A FARM?  |
| Hartord Memorial Hospital  | Shannon Rd. YES NOW  |
| 3. NAME OF DECEASED (Type or print)  | PLAST 4. DATE Month Day Year OF DEATH ANUACU 7 19 66   |
|  | 8. DATE OF BIRTH 19. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.  |
|  | Apr. 7, 1890 75 yrs. Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   | 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT  |
| during most of working life, even if retired) HOUSEWITE HOME   | Baltimore, Maryland U.S.A.   |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME   |
| Unknown  | Unknown  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.  | INFORMANT Address  |
| (Yes, no, or unkown) (If yes give war or dates of service) 218-93-9832-B   | Geraldine Pieper, Edgewood, Md.  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  | INTERVAL BETWEEN ONSET AND DEATH   |
| PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)   | Ludden   |
| 1 4201 DUE TO DO A DO A  | The state of the state of state of the state |
| Conditions, if any, which (b) Acute 1802 Cer   | ior hujo Cardial Infaction / Luciden   |
| gave rise to Immediate cause (a), stating the  | 1 Class  |
| underlying cause last. (c) Tissecling 17   | newsper of aldonementations < aly  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTION | TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED   |
| D H.S.C.V. I   | ) + HEVID FOR MEANS YES \ NO \   |
| 20a, ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU   | JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)   |
|  |  |
| 정 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA   | CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  ory, street, office bidg., etc.)   |
| 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA facto   20m.    | 17, 31, 50, 50, 50, 50, 50, 50, 50, 50, 50, 50   |
| 21. I certify that (I) (this hospital) attended the deceased from  | ANUARU 7. 1966, to JANUARU 719 66, that (1) (we) last  |
| saw the deceased alive on JANUARY 7 1966, and that   | t death occurred at 3 35 M, from the causes and on the date stated above.  |
| 22a. SIGNATURE   | 22b. DATE SIGNED   |
| Cogelf Cli Bur M.E   |  |
| 22c. PHYSICIAN'S NAME (Type) - dward Chap Mi   | 22d. ADPRESS   |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY  | OR CREMATORY   23d. LOCATION (City, town or county) (State)  |
| REMOVAL (Specify) Burial 1-11-66 Spesutia Ce   |  |
| 24. FUNERAL DIRECTOR ADDRESS   | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE   |
| Monning Thunganal Home Ahandaan Ma   | DATAN 11 1966 Cleanles Judge   |
| Tarring Funeral Home, Aberdeen, Mc   | DATAN I 1 1966   |

THE LOUIS AT A TOUR THE PARTY OF THE PARTY O ... done were, eventually to book the contract of the section of t DESTRUCTION Pin-03-9692-c- sepulding Fluper, Edgrobel, Ud. The same of the sa 

CONTRACTOR OF THE SECOND STATE OF THE SECOND S . D. . ole - 1 peach entgung . 0 2012-17-125 

School with the company of the selection of the contract of th

hat an interest to the first the state of the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after per should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after per the should be filed with the State Dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| 1             | 00811  |   |                            | CERTIFICAT                    | TE OF DEAT      | Н                          |                                    |                               | 007                                      | 13_                         |  |  |
|---------------|--|---|----------------------------|-------------------------------|-----------------|----------------------------|------------------------------------|-------------------------------|--|-----------------------------|--|--|
| J.            | PLACE OF DEAT<br>a. COUNTY   | Harford   |                            | MARYLAND                      |                 | NCE (Where dece<br>aryland |                                    | titution: Re<br>TY <b>Har</b> |  | admission)                  |  |  |
|               | b. CITY OR TOW<br>write RURAL<br>Rural   | VN (if outside corpora<br>and give nearest tov<br>Bel Air | te limits, c. L            | 3 years                       |                 | (If outside corporal - Be  |                                    | ite RURAL a                   | end give near                            | est town)                   |  |  |
| 1             |  | spital or institution of Convales                         |                            | l, give street address        |                 | ngo Road                   | (U.S.                              | <b>#1)</b>                    | e. IS R<br>ON /<br>YES                   | ESIDENCE<br>A FARM?<br>NO [ |  |  |
| 3.            | NAME DF<br>DECEASED<br>(Type or print)   | Grac  |                            | Middle<br>e Pyle              | Last            | 4. DATE<br>OF<br>DEATH     | Month<br>Januar                    |                               | -  | rear<br>9 <b>66</b>         |  |  |
| 1 -           | sex<br>emale   | 6. COLOR OR RACE  | 7. MARRIED N               | DIVORCED                      | Jan. 26, 1      |                            | AGE (In years last birthday)  yrs. | IF UNDER 1<br>Months   1      | YEAR IF UND<br>Days Hour                 |                             |  |  |
| 10<br>du      | ring most of work Housewill  | TION (Give kind of work<br>ling life, even if retire      | done 10b. KIND 0<br>INDUST | F BUSINESS OR<br>RY<br>12 Ker | Harford         | Co., Mar                   |                                    | COL                           | IZEN OF WHUNTRY?                         | AT                          |  |  |
| 13            | 3. FATHER'S NAM  | Villiam H.  | Michael                    |                               | 14. MOTHER'S MA | ana Ward                   |                                    |                               |  |                             |  |  |
|               |  | EVER IN U.S. ARMED FO                                     | of service)                |                               | s. Anna H.      |                            |                                    |                               | 1,Box                                    |                             |  |  |
|               | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute congestive heart failure   |   |                            |                               |                 |                            |                                    |                               | INTERVAL BETWEEN ONSET AND DEATH 2 hours |                             |  |  |
|               | Cenditions, If gave rise to  | Immediate /   | (b) Bronc                  | hial pneum                    | onia            |                            | l week                             |                               |  |                             |  |  |
| 2             | cause (a), s<br>underlying cau   | se last.  | (c) Chro                   |                               | -vascular d     |                            |                                    |                               | ?  |                             |  |  |
| CERTIFICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2)   |   |                            |                               |                 |                            |                                    |                               | 19. WAS AUTOPSY PERFORMED? YES NO        |                             |  |  |
|               | 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18 OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |   |                            |                               |                 |                            |                                    |                               |  |                             |  |  |
| MEDICAL       | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) at work at work at work   |   |                            |                               |                 |                            |                                    |                               |  |                             |  |  |
|               | 21. I certify that (I) (this hospital) attended the deceased from Jan., 1956, to January 21966, that (I) (word ast saw the deceased alive on Jan. 19 66, and that death occurred a P. M, from the causes and on the date stated above. |   |                            |                               |                 |                            |                                    |                               |  |                             |  |  |
| ,             | 22a. SIGNATURE  Willard P. Atudson M.D. ATTENDING MED. DIRECTOR PHYS.   22b. [ Jax   |   |                            |                               |                 |                            |                                    |                               |  | 1966                        |  |  |
|               | 22c. PHYSICIANAME (T   | ype) Willa  | rd P. Huds                 |                               |                 | t H111,                    |                                    |                               |  |                             |  |  |
|               | Burial   | vation, 23b. Date decify)                                 | 1900 Dec                   | NAME OF CEMETE                | th. Com.        | Forest                     | HILL,                              | Harfo                         | rd Co.                                   |                             |  |  |
| 2             | 4. FUNERAL DIR   | ector W   | Broadwa                    | y & William<br>aryland 210    | 25a. F          | V 2 4 191                  |                                    |                               | SIGNATURE                                |                             |  |  |

VR A.I.5 (4) 20M 1/65

Joseph William

Foster

10.

- O 170

of the form 35 Be & ret and retailed

(1. 1) an d. monat. The cont. to the

comment. f. office noom

0 711 2 2 4115 NE'- OIO O

or the state of th ouge: 1:

villia . del acl bron dans tooi

to the state of th hastone and the femotion and are one

emilies length e it e its ethic

Strong Leafoners

stage the reflected -others of south

Con. 1: S6 . Tr. 256 Facusty 31 66 - 1 366

200, 20, 100, 

surfal, inn. 21, 1000 seem steels att. tons court ill, entore tons da e dinto del proporti di la constanta del con

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. hours after death. PLACE DF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) b. COUNTY after Harford by the MARYLAND Marvland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Rural- Street c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours Rural- Street 25 vears filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS physician and completely n please remove carbon pval, and in any event, withi executed within Middle DATE Month NAME OF First Last 4. DECEASED Jerusha DEATH January (Type or print) Jean Ratcliff AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months I White 7.1884 81 F'emale WIDOWED DIVORCED Mav 11. BIRTHPLACE (County & State, or foreign country) 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. during most of working life, even if retired) INDUSTRY Housewife Tazwell Co. 13. FATHER'S NAME MOTHER'S MAIDEN NAME removal. attending principles of the pr W.J. Lester Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. permit. TO (Yes, no, or unkown) (If yes give war or dates of service) Carl Keen. certificate has been signed by the at hed for use as the burial-transit perm t. of Health prior to burial, cremation, None Mrs. Street. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 2Da. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) FUNERAL DIRECTOR: After this certificator, page 3 should be detached fould be filed with the State Dept. of MEDICAL 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) 20d, INJURY OCCURRED 20f. (City or town) 2Dc. TIME OF INJURY Month, Day, Year Hour a.m. While Not While 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 9 a.M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE MED. DIRECTOR STAFF page PHYS. M.D. 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS director, p Delta, Penna Josiah A. Hunt 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) 2 Emory Burial Jan.5.] Street 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR I 1966

Delta. Penna.

MARYLAND STATE DEPARTMENT OF HEALTH

Harford

Davs

COUNTRY?

USA

12. CITIZEN OF WHAT

19.

(County)

22b. DATE SIGNED

January 3.1966

YES T

e. IS RESIDENCE

Year

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTDPSY

PERFORMED?

NO Z

(State)

(State)

19 66

ON A FARM? YES |

ND X

VR A15 (4) 15M 4-64

nices read a prototest for teleproper in the first being brighted by the prototest and prototest of the second of Come Light Edwin Williams L. Et Jan 2 ... a Secure Mary Manuel Control 

A distrib

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tenove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
00813 CERTIFICATE OF DEATH

| a. COUNTY Harford MARYLAND   | a. STATE Maryland b. COUNTY Harford  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   |  |  |  |  |  |  |  |
| Rural - Bel Air 9 years  | Rural - Bel Air  2-  |  |  |  |  |  |  |  |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   | d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?  |  |  |  |  |  |  |  |
| Conowingo Road   | Conowingo Road YES NO K  |  |  |  |  |  |  |  |
| 3. NAME OF First Middle DECEASED (Type or print) Julian Louis Rutkow   | Last 4. DATE Month Day Year DF DEATH January 4, 19 66  |  |  |  |  |  |  |  |
|  | 8. DATE OF BIRTH  May 15, 1869  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.   Mi |  |  |  |  |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Farmer  10b. KIND OF BUSINESS OR INDUSTRY Agriculture   | 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?   |  |  |  |  |  |  |  |
| 13. FATHER'S NAME Unknown  | 14. MOTHER'S MAIDEN NAME Unknown   |  |  |  |  |  |  |  |
| (1es, no, or unkown) [(11yes pive war or pates of service)]  | INFORMANT (Son)838_4761 Addr RFD41, Box 115  Michael L. Rutkowski Bel Air, Md.21014  |  |  |  |  |  |  |  |
| 1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ]   | INTERVAL BETWEEN ONSET AND DEATH   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| PART I. DEATH WAS CAUSED BY: Bronchopneumonia  |  |  |  |  |  |  |  |  |
| Condition to any unitary DUE TO Prob Experience C  | erebral vascular accident 2 weeks  |  |  |  |  |  |  |  |
| gave rise to immediate f   | erebrai vascular accident 2 weeks  |  |  |  |  |  |  |  |
| cause (a), stating the DUE TO  |  |  |  |  |  |  |  |  |
| underlying cause last. ) (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  |  |  |  |  |  |  |  |  |
| E TAKTII. OTTEKSIGATI TOARI GONOTTIONS GONTALISOTING TO BEST TO THE STATE OF THE ST | ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO   |  |  |  |  |  |  |  |
| 2Da. ACCIDENT WAS UNDERLYING FT 1 20b. DESCRIBE HOW INJURY OCCI  | URRED. (Enter nature of injury in Part I or Part II of Item 18.)   |  |  |  |  |  |  |  |
| PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIZED AS ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   |  |  |  |  |  |  |  |  |
|  | ACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)  |  |  |  |  |  |  |  |
| Hour a.m. While Not While factor   | ory, street, office bldg., etc.)   |  |  |  |  |  |  |  |
|  | Nov. 26 1965 to Jan. 4 19 66 that (1) (we) last  |  |  |  |  |  |  |  |
| 21. I tertify that the tens hospital attended the deceased non-  | , 137 - 30 AM  |  |  |  |  |  |  |  |
| 22a. SIGNATURE   | it death occurred at   |  |  |  |  |  |  |  |
| That Barthet M.  | D. ATTENDING MED. STAFF Jan.4/66   |  |  |  |  |  |  |  |
| 22c. PHYSICIAN'S   | 22d. ADDRESS   |  |  |  |  |  |  |  |
| NAME (Type) Robert Barthel   | Forest Hill, Maryland  |  |  |  |  |  |  |  |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER   |  |  |  |  |  |  |  |  |
| 23a. Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER' REMOVAL (Specify)  Burial  Jan. 7, 1966  West Nottingh   |  |  |  |  |  |  |  |  |
| 24. FUNERAL DIRECTOR W. Broadway ADDREWILLiam  | 25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE   |  |  |  |  |  |  |  |
| Bel Air, Maryland 210  | 14 parAN 6 1966 Milianles Judge  |  |  |  |  |  |  |  |
| Joseph William Foster  | y y  |  |  |  |  |  |  |  |

VR AI5 (4) 20M 1/65

Stolate States . 0 ... ret to a force ares. 9 with In a Court the first think the way in the second 0 0 1 2 0 0 10 2.5 Constitute for a Julian route uticonski dalius Hele white x 15, 1869 96 TH Susto. and India 0 - 1 - 9 0 an out in J - Hydra (200)898-17/61 115 115 one r. ichael . . wirowski del him, Mc. Cloth mysb.vsa Laliment Lighterstill Melania 3. 1900 Resumedia con lancianel compand or 

nrini .an.7,1 ... nert ottin n Coskrv voler, Gell .o., .d.,
... moderny .illians
... ol. .ir, Ervland 2101

and the same of the same

uted within 24 hours after death.

|                         | MARYLAND STATE DEPARTMENT OF HEALTH            | The state of the s |
|-------------------------|--|--|
| DIVISION OF STATISTICAL | . RESEARCH AND RECORDS, 301 W. PRESTON STREET, | <b>BALTIMORE 1, MARYLAND</b>   |
|                         |  | 11.41  |

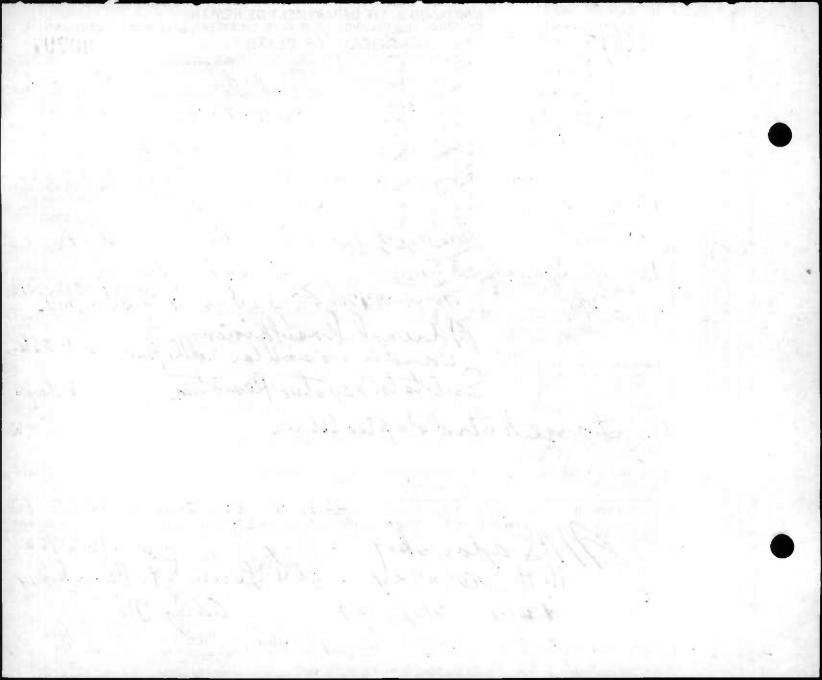
| V | 00814 CERTIFICAT   | E OF DEATH 00796   |
|---|--|--|
|   | 1. PLACE OF DEATH a. COUNTY 2 /  | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE |
| 1 | H-17-R-FORD MARYLAND   | MARUland Cell  |
|   | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)               |
|   | HAVRE de Grace 26 days   | Rising Sun NUVAL   |
|   | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)     | d. STREET ADDRESS  O 7 - 2 e. IS RESIDENCE ON A FARM?  |
|   | HARFORD Memorial Hospital  | RD-2 YES NO  |
|   | 3. NAME OF First Middle DECEASED   | Last 4. DATE Month Day Year  |
|   | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED                                 | 8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.                           |
|   |  | 1-2-1911 (jast birthday) Months Days Hours Min.  |
| 1 | 10a. USUAL OCCUPATION (Give kind of workdone   10b. KIND OF BUSINESS OR          | 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT                      |
| 1 | during most of working life, even if retired INDUSTRY                            | SOUNTRY A  |
|   | 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME   |
| 1 | Thor Reed  | Cora Wickles   |
|   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.      | INFORMANT  |
|   | (Yes, no, or unkown) (If yes give war or dates of service) Wolve M               | rs. Fart LUCASKISING SUN, Md.  |
| 1 | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]        | INTERVAL BETWEEN ONSET AND DEATH   |
|   | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)                                 | a Interelos sur.   |
|   | 4201 DUE TO  |  |
|   | Conditions, If any, which gave rise to immediate (b)                             | Jelerosis atom Ars   |
|   | cause (a), stating the DUE TO  |  |
|   | Underlying cause last.   (c)   | ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY                     |
|   | A L  | PERFORMED?   |
| ) | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU                       | JRRED. (Enter nature of injury in Part I or Part II of Item 18.)                               |
|   | G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)            |  |
|   | 3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA         | CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)                               |
|   | 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA           | ry, street, office bldg., etc.)  |
|   | 21. I certify that (I) (this hospital) attended the deceased from                | 1962 to 1/4 , 1964 that (I) (we) last  |
|   |  | t death occurred at 122 M; from the causes and on the date stated above.                       |
|   | 22a. SIGNATURE   | ATTENDING MED. STAFF 22b. DATE SIGNED  |
|   | 22c, PHYSICIAN'S &   | D. PHYS. DIRECTOR PHYS. 1 13/66  |
|   | NAME (Type) No 1/ R la 4/0×  | 22d ADDRESS SUN MI   |
|   | 23a. BURIAL, CREMATION,   23b. DATE THEREOF   23c. NAME OF CEMETERY              | OR CREMATORY 1296 LOCATION (City, town or county) (State)                                      |
|   | Ruriat 1-14-66 Brookvi   | eur Cem RISINGSUN. Md.   |
|   | 24. FUNERAL DIRECTOR ADDRESS   | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE   |
|   | Thomas 6-11511111 11 NISING 3  | UNINATAN 14 1956 Icharles Judge  |

VR AI5 (4) 20M 1/65

Herrich Carried Streethard HAVE SE COMES TO BE MY SUM KIN HE HARFORD Man at Hangton 10-2 Lucy Mimiting homes The 11 86 towns white - & word Mary and a constant that the same of the s The minder 12.6 radoy Min E. -th 2200 52 -0000 Collina cot da O

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE after n and completely filled in by the it remove carbon papers. Pages 1 in any event, within 72 hours after MARYLANO CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours RACE 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO C YES 0 NeWA executed within 3. NAME OF First Middle DATE Oay Year Month OECEASED (Type or print) DEATH ANUARY 66 mo 19 5. SEX DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS. 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO last birthday) Months I WIDOWED [ DIVORCEO [ 10a. USUAL-OCCUPATION (Give kind of work done | physician to please r oval, and in 10baKINO OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) be during most of working life even if retired) death certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME been signed by the attending the burial-transit permit. The or to burial, cremation, or rem 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ! 17. INFORMAN 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), INTERVAL BETWEEN ONSET AND DEATH OR ATTENDING PHYSICIAN: The law requires that the PART I. OEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) **OUE TO** Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the prior 1 underlying cause last. has as I: After this certificate hauld be detached for use a he State Dept, of Health pi PART II. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. PERFORMED? CERTIFICAT NO V 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW/INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. 19 at work at work be retained DIRECTOR: A age 3 should iled with the 3 19 66 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 6.45 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. TO FUNERAL DIRE director, page 3 should be filed w 6 ATTENOING M.D. PHYS. DIRECTOR PHYS Fage 4 may PHYSIO AN'S AOORESS 22d. NAME (Type) OATE THEREOF BURIAL CREMATION, REMOVAL (Specify) 23b. 23c. NAME OF CEMENTRY OR CREMATORY LOCATION (City, town or county) (State) 23d. FUNERAL DIRECTOR APDRESS 25b REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



## FOR STATE HEALTH DEPT.

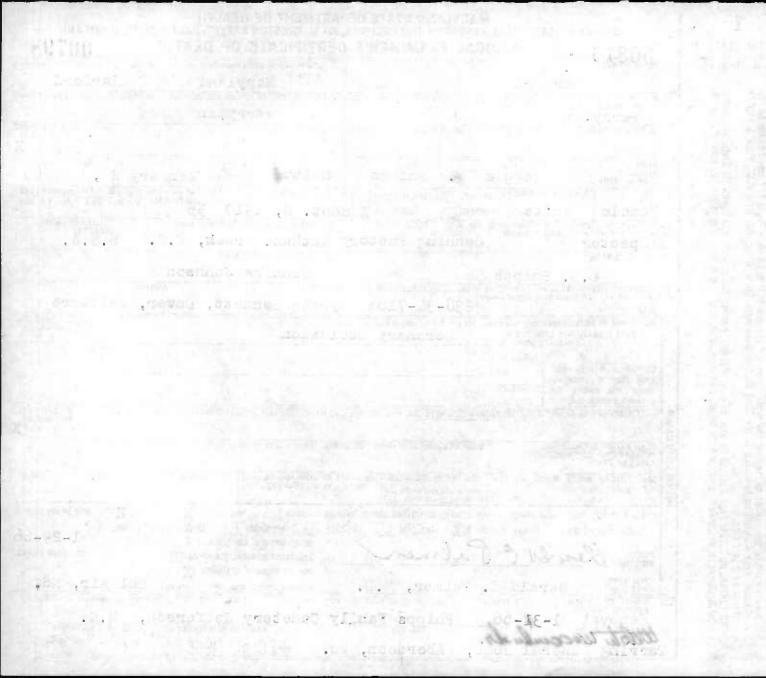
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay increase, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| 0                          | 0816   | M  | EDICAL                             | EXAMINER'                                 | S CERTIFICA  | TE OF DI               | EATH                | 00798                                |
|----------------------------|--|--|------------------------------------|---|--|------------------------|---------------------|--------------------------------------|
| a. C                       | E OF DEATH                                     | Harford  |                                    | MARYLAN                                   | a. STATE   | aryland                | b. COUNTY           | Harlord                              |
|                            | Perry  | l (If outsida corpora<br>and give nearest tow<br>Man | 100                                | C. LENGTH OF STAY IN                      | F  | erryman                |                     | RURAL and give nearest town          |
| d. N                       | AME OF HOS                                     | PITAL OR INSTITUTIO                                  | ON (if not In ho                   | spital, give street addre                 | d. STREET ADDRES                                     | SS                     |                     | a. IS RESIDENCE DN A FARM?  YES ND X |
| (Тур                       | E OF<br>EASED<br>o or print)                   | Maga   |                                    | Middle Phipps                             | Suitt.   | 4. DATE<br>OF<br>DEATH | Month<br>January    |                                      |
|                            | male   | 6. COLOR OR RACE White                               | WIDOWED                            | NEVER MARRIED DIVORCED                    |  | 1910   5               | AGE (In years IF Mo | UNDER 1 YEAR IF UNDER 24 HR.         |
| during m<br>Ins            | pecto:   |  | d) IN                              | nd of Business or<br>DUSTRY<br>ning Facto |  | Creek,                 |                     | 12. CITIZEN OF WHAT COUNTRY? U.S.A.  |
|                            |  | .C. Phip   |                                    |   | 14. MOTHER'S MA<br>Siphi                             | aiden name<br>ina Johr | nson                |                                      |
| 15. WAS<br>(Yes, no,<br>NO | or unkown)                                     | VER IN U.S. ARMED FO<br>(If yes give war or dates o  | f service)                         | 8-34-7168                                 | Myrtle Be  | ennett,                | Address Dover,      | Deleware                             |
| caus<br>unde               | ditions, if a rise to se (a), startlying cause | Immediate ating the DUE                              | TO (b)TO                           | Coronary (                                | RELATED TO THE TERMINA                               | AL DISEASE CONDI       | TION GIVEN IN PA    | ART1(a)   19. WAS AUTOPSY PERFORMED? |
| MEOICAL CERTIFICATION      | EXTERNAL<br>MARY OF C<br>SE OF DEATH           | CAUSE WAS<br>CONTRIBUTING [                          | 20b. D                             | ESCRIBE HOW INJURY (                      | OCCURRED. (Enter nature                              | a of Injury In Part    | l or Part II of I   | YES NO                               |
| WEOICAL<br>20c.            | TIME OF II<br>Hour a.m<br>p.m                  |  | Year   20d. IN<br>While<br>at work | JURY DCCURRED 20e.  Not While fat work    | PLACE DF INJURY (Home<br>actory, street, office bldg |                        | lty or town)        | (County) (State)                     |
| de ACT SIGI                | 1. I certify<br>eath resulte                   | that I took charge<br>d from: Natural                | causes XX                          |   | CHIEF MEDI<br>M.D. ASSISTANT O<br>DEPUTY MED         | icide, U               | ndetermined m       | 1-29-66<br>22. DATE SIGNED           |
| 23a. BU                    | RIAL, CREMA                                    | ATION. 23b. DATE                                     | TUPBEOF                            | 23c. NAME OF CEME                         |  | 23d, LOC               |                     |                                      |

VR AISME (5) 5M 1/65



VR A15 (4) 20M 1/65

2

the

E

filled

completely i

remove

and

physician ease

attending ph

by

signed

been

has

certificate

detached

After Id be d

director,

be retained

TO HOSTAL Page 4 may 1

hours

within

by the Pages

or or leading relation FF. C Je 30 . 00 00 Describer and calls out Jonathan Tel dimmerum, classes (fundament) OTAL PERSON Trace and the control of the control -- olie fautoino, annu in capitagni olie; seand 200. 27, 1200 Jan. 16, 60 up was se dan. 15. a ris Also Cand & Africation of the colored to the 17, 1966 e cita Jaeur bottom & rio f. IN PALL SE THE SAME WHEN THE SET OF SEVER

and 2 death. executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

| MARYLAND STATE DEPARTMENT OF HEALTH   |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
|   | DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND   |  |  |  |  |  |  |  |  |
| 00818 CERTIFICAT  | E OF DEATH 100800  |  |  |  |  |  |  |  |  |
| 1. PLACE DF DEATH a. COUNTY   | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  |  |  |  |  |  |  |  |  |
| MARYLAND MARYLAND   | a. STATE M. b. COUNTY Hardand  |  |  |  |  |  |  |  |  |
| b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   |  |  |  |  |  |  |  |  |
| write RURAL and give nearest town) Have le 18 ho  | Magnelia 12-1  |  |  |  |  |  |  |  |  |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give, street address)   | d. STREET AODRESS 6. IS RESIDENCE  |  |  |  |  |  |  |  |  |
| Harford Memorial Hosp.  | ON A FARM? YES NO C  |  |  |  |  |  |  |  |  |
| 3. NAME/OF First Middle   | Last 4. DATE Month Day Year  |  |  |  |  |  |  |  |  |
| (Type or print) MARTHA Priscilla  | TIMMONS DEATH JUNUARY 2/19 66  |  |  |  |  |  |  |  |  |
| 5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED  | 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   If under 24 HRS. |  |  |  |  |  |  |  |  |
| temale white widowed of DIVORCED  | Oct. 24, 1887 78 yrs. Months Days Hours Min.   |  |  |  |  |  |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done   10b. K(ND OF BUSINESS OR during most of working life, even if retired) INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?   |  |  |  |  |  |  |  |  |
| Housewife   | Harford Co., Md. U.S.A.  |  |  |  |  |  |  |  |  |
| 13. FATHER'S NAME   | 14. MOTHER'S MAIOEN NAME   |  |  |  |  |  |  |  |  |
| · JAMes Hill  | Annie Strong   |  |  |  |  |  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   | INFDRMANT Address  |  |  |  |  |  |  |  |  |
| (Yes, no, or unkown)   (If yes give war or dates of service)   07 0 00 1000   | . Howard L. Timmons, Box 412, Aberdeen, Md.  |  |  |  |  |  |  |  |  |
| 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]   | INTERVAL BETWEEN ONSET AND DEATH   |  |  |  |  |  |  |  |  |
| PART I. DEATH WAS CAUSED BY:  JMMEDIATE CAUSE (a)  Ordine   | Decontrensalin 24 hrs  |  |  |  |  |  |  |  |  |
| 443 X DUE TO 1/ O /   |  |  |  |  |  |  |  |  |  |
| Conditions, If any, which ) (b) + CV, D,  | and A. S. C.V. D. 3-4 year   |  |  |  |  |  |  |  |  |
| gave rise to immediate  |  |  |  |  |  |  |  |  |  |
| cause (a), stating the underlying cause last.   |  |  |  |  |  |  |  |  |  |
|   | TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY   |  |  |  |  |  |  |  |  |
| Diabetes Mellitus   | PERFORMED? YES NO  |  |  |  |  |  |  |  |  |
| G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   | JRREO. (Enter nature of Injury In Part I or Part II of Item 18.)   |  |  |  |  |  |  |  |  |
|   | CE OF INJURY (Home, farm, ry, street, office bidg., etc.) (City or town) (County) (State)  |  |  |  |  |  |  |  |  |
| 21. I certify that (I) (this hospital) attended the deceased from   | 1-20 , 1966 to 1-21 , 1966 that (I) (we) last  |  |  |  |  |  |  |  |  |

and that death occurred at / M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE M.O.

ATTENDING PHYS. 22d. AODRESS

MED. DIRECTOR STAFF PHYS.

BURIAL, CREMATION, REMOVAL (Specify) Burial NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF Christian Cemetery
ADDRESS 25a. Mt.

23d. LOCATION (City, fown or county) Joppa,

(State) Md.

FUNERAL DIRECTOR Howard McComas & Son

PHYSICIAN'S NAME (Type)

Abingdon, Md.

25a. REC'O BY REGISTRAR | 25b.

VR A15 (4) 20M 1/65

A CONTRACTOR OF THE PROPERTY O 

#1920D

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defiting.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00820 CERTIFICATE OF DEATH

00202

|  | 0000   |
|--|--|
| 1. PLACE OF DEATH a. COUNTY  | <ol> <li>USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)</li> <li>a. STATE</li> <li>b. COUNTY</li> </ol>  |
| Harford MARYLAND   | a. STATE Maryland B. COUNTY Harford  |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   | c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   |
| D  | Darlington, Rural 12-1   |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   | d. STREET AOORESS e. IS RESIDENCE  |
|  | ON A FARM? YES \( \sum \) NO \( \overline{\ove |
| 3. NAME OF First Middle DECEASED (Type or print) Elizabeth Ellen Wal   | lace 4. DATE Month Day Year DEATH Jan. 6 1966  |
| 5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8.  | DATE OF BIRTH  9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS   last birthday)   Months   Days   Hours   Min.  |
| F Black WIDOWED P DIVORCED   | Sept. 30, 1879 86 yrs. Months bays Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   | 11 PIPTHDIACE (County & State or foreign country)   12 CITIZEN OF WHAT   |
| during most of working life, even if retired) INDUSTRY Housewife   | York Co. Penna. USA  |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME   |
| Joseph H. Dorsey   | Ida May Miller   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.  | INFORMANT Address  |
| (Yes, no, or unkown) (If yes give war or dates of service) Mr  | s. Pauline Wells Street, Md.   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).]   | INTERVAL BETWEEN ONSET AND DEATH   |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)   | emorphage Onser AND DEATH  |
| 443X DUE TO RI   |  |
| Conditions, If any, which ) (b) American   | in C-V Disease   |
| gave rise to immediate   |  |
| cause (a), stating the underlying cause last.  |  |
|  | EO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTING TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTION CONT | PERFORMED?   |
| 20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCUP  | RRED. (Enter nature of Injury In Part i or Part II of Item 18.)  |
| 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUP<br>OR CONTRIBUTING   CAUSE OF DEATH<br>(IF EITHER, NOTIFY MEDICAL EXAMINER)  |  |
|  | E OF INJURY (Home, farm,   20f. (City or town) (County) (State)  |
| Hour a.m. While Not While factor   | y, street, office bldg., etc.)   |
|  |  |
| 21. I certify that (I) (this hospital) attended the deceased from  |  |
|  | death occurred at 3 A M, from the causes and on the date stated above  |
| 22a. SIGNATURE onal 9. Hml   | ATTENDING MED. STAFF 22b. DATE SIGNED PHYS. DIRECTOR PHYS.   |
| Z2c. PHYSICIAN'S MAME (LYPS) Josiah A. Hunt. M.D.  | 22d. ADDRESS Delta Penna   |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY  |  |
| REMOVAL (Specify)  |  |
| Burial Jan. 9, 1966 Cedar's Unu:   | rch Cem.   Darlington, K.D. Md.  |
|  | INN 7 1) 10CC ( Wantle with  |
| John H. Harkins Delta, Penn  | DAYE   |

VR A15 (4) 15M 4-64

Contract Herrorghage Hoppertenoise C-4 Deserve Jones D'C. Hond All same agle and and a series

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY # e. STATE MARYLAND 12 t b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest pue c. LENGTH OF STAY IN 16 write RURAL and giva nearest town) é hours after 2 Pages P d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS completely 3. NAME OF 4. DATE Lest Month DECEASED (Type or print) within 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) and May 5. WIDOWED DIVORCED T Cian 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, evan if retired) Domestic Harf. Co. 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT George W. Banks ā. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address or removal, (Yes, no, or unkown) | (Ifyas give war or datas of service) William C. Banks. Coatsville. Pa. signed by the 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).] attending physician. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO Conditions, if any, which (b) has been gave rise to immediate cause DUE TO (a), stating the underlying causa fast. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) After this certificate 0 use Prior 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! detached retained by 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. o at work at work p.m. DIRECTOR: 195 21. I certify that (I) (this hospital) attended the deceased from .... . and that death occurred at /. 19 ... M. from the causes and on the date stated above. saw the deceased alive on....... shoul 22a. SIGNATURE ATTENDING MED DIRECTOR PHYS. death. Page 4 O FUNERAL HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS director, be filed 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) OH H Buria Asburv BelAir 24 FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

Year

19

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY

YES T

(County)

PERFORMED?

NO T

(State)

22b. DATE

(State)

Md .

SIGNED

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

Min.

Day

Days

IISA

Months

ON A FARM? YES NO

hin 24 hours after law requires that the death certificate be

La Company of the Steroe City Committee Committee 5 10 1 Vg 1 W 5 respect to the ment of the second of the second The second secon MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

|               | 00822   |   |                    | CERTIFI                | CATE     | OF DEATH   |                                 |               | 00804                         |
|---------------|---|---|--------------------|------------------------|----------|--|---------------------------------|---------------|-------------------------------|
| 1.            | PLACE DF DEAT                                   | HARFOR  | . /                |                        |          | 2. USUAL RESIDENCE (Wh<br>a. STATE                   | b. COU                          |               | dence before admission)       |
| -             | h CITY OR TOW                                   | N (if outside corporat                                  | -                  | MARY                   |          |  |                                 | NASHIA        |                               |
| 1             | write RURAL                                     | and give nearest tow                                    | n)                 | C. LENGTH OF STAY      | LIN TD   | c. CITY OR TOWN (If outside                          | e corporate limits, w           | 7 / A         | 0                             |
| H             | A ORE OF HOL                                    | JE GRA<br>SPITAL OR INSTITUTIO                          |                    | O arry                 | 5        | d. STREET ADDRESS                                    |                                 | LAUE          | DPRING<br>1 e. IS RESIDENCE   |
|               | HARFOR  | 1 11  | BRIAL              | Hosp.                  | duress)  | MAPLE + M  | AIN ST.                         | 83-3          | ON A FARM? YES NO             |
| 3.            | NAME DF<br>DECEASED<br>(Type or print)          | NoA   | h l                | VAShiNg                | TON      | Wimmer 4.  | DATE MONOR OF JANG              | th<br>UARY    | 0ay Year /6 6                 |
| 5.            | SEX   | 6. COLOR OR RACE  | 7. MARRIEO         | NEVER MARRIE           | 0   8    | . OATE OF BIRTH                                      | 9. AGE (in years last birthday) | IF UNDER 1 Y  | YEAR IF UNDER 24 HRS.         |
|               | MALE  | WhiTe   | WIDOWED            | DIVORCE                | 0 🗆 S    | Ept. 11, 1870  | 95 yrs.                         | Monuis        | ays Hours Min.                |
| 10<br>du      | a. ÚSÚAL OCCUPAT                                | TION (Give kind of work of life, even if retired        | ione 1Db. Kir      | DUSTRY.                | 2        | 11. BIRTHPLACE (County &                             | State, or foreign country       | y) 12. CITI   | ZEN OF WHAT<br>NTRY?          |
| 1             | -ARMEI  | P (RETIRE   |                    |                        | VE       | HUFFYILLE  | VA.                             | U,            | S.A,                          |
| 13            | . FATHER'S NAM                                  | IE , , ,  | ,                  |                        |          | 14. MOTHER'S MAIDEN NA                               | ME                              |               |                               |
| _             | Joh   | IN WI   | mme                |                        |          | MARY S   | Weps To                         | N             |                               |
|               | es, no, or unkown)                              | EVER IN U.S. ARMED FO<br>(If yes give war or dates of   | f service)         | OCIAL SECURITY NO      |          | INFORMANT  | Addre                           | ess           | 21047                         |
| -             | 110   |   |                    |                        |          | J. HOWARD  | KEWIS.                          | FALLST        |                               |
|               |   | DEATH [Enter only one<br>EATH WAS CAUSED BY:            | 1/110              | e for (a), (b), and (c | 9.1      | 0.00   | 1                               | 000           | ONSET AND OEATH               |
|               | 1/201   | IMMEDIATE CAUSE   | (a)                | recrax                 | - 110    | escular 1  | remorn                          | age_          | 6 days.                       |
|               | 4201  | DUE DUE   | to LL,             | Coto                   |          | · oto co   | 100                             | -0            |                               |
|               | Conditions, if gave rise to                     | Immediate /   | (b) 701            | Dennisa                | 4        | unerosc  | Lance                           | -             |                               |
|               | cause (a), s<br>underlying caus                 | no Inna   | (c)                | Cardeo                 | va       | scular £   | rsease                          |               |                               |
| 101           | PART IN OTHERS                                  | SIGNIFICANT CONDITIO                                    | NS CONTRIBUT       | ING TO DEATH BUT N     | NOT RELA | TED TO THE TERMINAL DISEAS                           | ECONDITION GIVEN II             | V PART 1(a)   | 19. WAS AUTOPSY<br>PERFORMED? |
| -ICA          | Hnte  | rolaleal-   | My                 | ocarde                 | alm      | Jarolion dul   | & Coronary                      |               | YES NO W                      |
| CERTIFICATION | 2Da. ACCIDENT<br>OR CONTRIBUT<br>(IF EITHER, NO | WAS UNDERLYING ING CAUSE OF DEAT<br>TIFY MEDICAL EXAMIN | TH<br>IER) 2Db. Dt | ESCRIBE HOW INJU       | RY OCCU  | RREO. (Enter nature of Injury                        | In Part I or Part II            | of Item 18.)  |                               |
| CAL           |   | INJURY Month, Day,                                      | Year   2Dd. IN.    | JURY OCCURRED          |          | E OF INJURY (Home, farm, street, office bldg., etc.) | 20f. (City or town)             | (Count        | y) (State)                    |
| MEDICAL       | Hour a.r  |   | While at work      | Not While              | Tactor   | y, street, onice ordg., etc.)                        |                                 |               |                               |
|               | 21. I certif                                    | y that (I) (this hosp                                   | ital) attende      | the deceased f         | rom/     | - 10 , 1966  |                                 |               | that (I) (we) last            |
|               |   | ceased allve on   | -/6                | 1966, 8                | and that | death occurred at 10 %                               | M, from the causes              |               |                               |
|               | 22a. SIGNATU                                    | RES // S  | B                  | Fin                    | 10       | ATTENOING MEO.                                       | STAFF                           | 22b. OAT      | E SIGNED                      |
|               | DUVOIOLE  | Mayo  | 3UC                | commi                  | ) M.O.   | . PHYS. 🔀 OIRECT                                     | TOR PHYS.                       | 11 ///        | 5/66.                         |
|               | 22c. PHYSICIA<br>NAME (T                        | ype) Eduit  | rdC.               | LOO, 1                 | h,D      | 22d. AODRESS   | de Frac                         | e a           | id.                           |
| 23            | a. BURIAL, CREM                                 |   | HEREOF             | 4 . 11                 |          |  | d. LOCATION (City,              | town or count | ty) (State)                   |
|               | Burial  | 1/19/1  | 966                | KNOLL-KE               | 56 M     |  | BINGDON                         |               | PGINIA                        |
| 1             | LASTOS  | E. Huri   | + 2                | ADDRESS<br>Chri Ilsus  | llo      | Md. DATAN 18   | REGISTRAR 25b. I                | EGISTRAR'S    | Oredan                        |
| -             |   |   | 1                  |                        |          |  | .4441                           | -             | 1                             |

VR A15 (4) 2DM 1/65

- I - XIAII - I MAN Not 11 1928 1 19 15 16 FARMER (RETURN) Can Improve HIPPHARE SA \_ 1850 ESC 43-35 ELMENT HOME OF LEWIS PARKETER PARE the said of the same of the said of the court of the cour The dearly bearing miles

|   | 1  | 1             | DIVISION OF   | MA<br>STATISTICAL RES                              | RYLAND STATE SEARCH AND RECO              | DEP                 | ARTMENT OF                                       | F HEALTH               | RALTIMORE 1                 | MARVIA           | ND                            |
|---|--|---------------|---|--|---|---------------------|--|------------------------|-----------------------------|------------------|-------------------------------|
|   | F 20 F   |               | 00823   | JANIONONE RE                                       |   |                     | OF DEAT  |                        | DALI IMORE I                | ()               | 0805                          |
|   | after death. the funeral ges 1 and 2 after death.  | 1.            | PLACE OF DEATH<br>a. COUNTY Harf  | ord  | MARYLA                                    | AND                 | 2. USUAL RESIDEN<br>a. STATE                     | CE (Where decease      | t a disasters               | n: Residence b   |                               |
|   |  |               | b. CITY OR TOWN (if out write RURAL and give                            | side corporate limits,<br>nearest town)            | c. LENGTH OF STAY II                      |                     | c. CITY OR TOWN (I                               |                        | te Ilmits, write RU         | RAL and give     | nearest town)                 |
|   | in the Pour  | _             | Bel Air   |  | n hospital, give street add               |                     | Be1  |                        | 12 -                        | /                | IS RESIDENCE                  |
|   | 7 filled in by papers. Pahin 72 hours  |               | 1 Spring  |  | n nospitai, give street add               | iress)              | d. STREET ADDRESS                                | oring Dri              | 70                          |                  | ON A FARM?                    |
|   | executed within 24 ho and completely filled in the carbon papers. In any event, within 72 h  | 3.            | NAME OF<br>DECEASED<br>(Type or print)                                  |  | Middle<br>Frances Wo                      | od                  | Last   | 4. DATE<br>OF<br>DEATH | Month<br>January            | Day 17.          | Year<br>19 66                 |
|   | cuted<br>ove<br>y eve  |               |   | OR OR RACE 7. MARRI                                |   | ш.                  | DATE OF BIRTH                                    | 9. AG                  | E (In years   IF UNI        | DER 1 YEAR IF    | UNDER 24 HRS.<br>Hours   Min. |
|   | exec<br>and<br>rem<br>n an   |               | Female Whi  |  |   | A                   | ugust 18,  | 1888 77                | yrs.                        | . CITIZEN OF     | : WHAT                        |
|   | ysician<br>ysician<br>siease<br>and in   | du            | I. USUAL OCCUPATION (Give<br>ling most of working life, of<br>Housewife | even If retired)                                   | N. KIND OF BUSINESS OR INDUSTRY Homemaker |                     | Altoona, E                                       |                        |                             | COUNTRY?         |                               |
|   | phys<br>n phys   | 13            | FATHER'S NAME   |  |   |                     | 14. MOTHER'S MAI                                 | DEN NAME               |                             |                  |                               |
|   | ding pl<br>Then<br>remova  | _             | Henry   | Baum   |   |                     | Wilhe  | lmina Fo               | chlor                       |                  |                               |
|   | e death certific<br>the attending I<br>t permit. Then<br>ation, or remov   | ď             | WAS DECEASED EVER IN U  | re war or dates of service)                        | 16. SOCIAL SECURITY NO.                   |                     | NFORMANT (Daug                                   |                        |                             |                  |                               |
|   | dea<br>he a<br>per<br>tion   | =             | No LISE OF DEATH (  | Enter only one cause of                            | None er line for (a), (b), and (c).       |                     | Eugenia  | W. Smith               | Bel Air                     |                  | AL BETWEEN                    |
|   | ires that the deat<br>physician.<br>I signed by the at<br>burial-transit perm<br>burial, cremation,  |               | PART I. DEATH WAS   |  |   | 1                   | - rlu  | in                     |                             | ONSET            | AND DEATH                     |
|   | physician<br>physician<br>signed the<br>burial-tran  |               | 4201  | DUE TO   |   | , .                 |  |                        |                             |                  |                               |
|   | ires<br>phy<br>n sig<br>buri<br>buri   |               | Conditions, If any, whi<br>gave rise to immedia                         |  |   |                     |  |                        |                             |                  |                               |
|   | required plans peen the been tropic properties been or to be properties been or to be properties been properties between properti |               | cause (a), stating t  | he DUE TO  |   |                     |  |                        |                             |                  |                               |
|   | PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. This certificate has been signed by the attending physicial detached for use as the burial-transit permit. Then prease Dept. of Health prior to burial, cremation, or removal, and  | CATION        |   | ANT CONDITIONS CONTR                               | IBUTING TO DEATH BUT NO                   | TRELAT              | ED TO THE TERMINAL                               | DISEASE CONDITI        | ON GIVEN IN PART 1          | (a) 19. V<br>YES | VAS AUTOPSY<br>PERFORMED?     |
|   | ospital or a certificate hed for use to Health   | CERTIFICATION | 20a. ACCIDENT WAS UNIOR CONTRIBUTING CA                                 | DERLYING   20b<br>AUSE OF DEATH<br>DICAL EXAMINER) | . DESCRIBE HOW INJURY                     | OCCUR               | RED. (Enter nature o                             | of injury in Part I    | or Part II of Item          |                  |                               |
|   |  | MEDICAL       | 20c. TIME OF INJURY<br>Hour a.m.<br>p.m.                                | Month, Day, Year   200                             | d. INJURY OCCURRED   200                  | e. PLACI<br>factory | E OF INJURY (Home, i<br>y, street, office bldg., | arm, 20f. (City        | or town) (                  | County)          | (State)                       |
|   |  | 1             |   | (1)  | ended the deceased from                   | m                   | 1-1,1  | 19-0, to 1             |                             |                  | t (I) (we) last               |
|   | OR ATTENDI<br>/ be retained<br>DIRECTOR: A<br>lge 3 should<br>led with the   |               | saw the deceased a  | alive on 7-1                                       | 19.65, and                                | d that              | death occurred at                                | / /// from t           |                             | n the date :     |                               |
| 1 | DIR<br>Be 3<br>ed v  |               | Dorne   | ul P Pal   | mer                                       | M.D.                | ATTENDING PHYS.                                  | MED.                   |                             | n. 17,           |                               |
|   | 1 a 1 a =  |               | 22c. PHYSICIAN'S<br>NAME (Type)   | Gerald C. P.                                       | almer, M.D.                               |                     | 22d. ADDRESS                                     |                        | Air, Mar                    |                  |                               |
|   | TO HOSPITA<br>Page 4 m<br>TO FUNERA<br>director,<br>should be  | 23            | REMOVAL (Specify)   | 23b. DATE THEREOF                                  | 23c. NAME OF CEM                          | et. C               | Cemeterv   | Al toons               | ION (City, town or Blair Co | Da. Pa           | (State)<br>16601              |
|   | VR A15 (4)   | 2             |   | 1 - W. B   | roadway & Wil                             | lian                | ns St. 25a. RE                                   | C'D BY REGISTRA        | R 25b. REGISTE              | Can Jun          | URE                           |
|   | 20M 1/65   | J             | oseph William   | Foster   |   |                     |  |                        |                             | 6                | <del>-</del>                  |

020 000 bus for all 10 ... . Tille 21110 ci lo 1 Howkins wive t souther retyon Januar 17, isola more oo only the state of the property ouserine for enginer liboons, fair loss, as rel oo ening telli.

The second of the secon till stille one its wants we sith sel sing w. 2101 Commence of the second 175 m. 2 m. 1 x 1065 uogald b. falor, that is the stage of the st uning country 20, 10. Alone set of terr alcone, helr loss as 16001 . is prefilling to manager ... dies and the state

BUMBE Hargon Memorial theopital Female white det 2 m X 428/12 30 0 MM 3 Treasurer Dry Cleaning Wilmington Det Belling William H. Collins First Amin Title for the first set of the set o the week to be all will all a series with the said the many the said there are the said to the Darry 18th a male East Math North East Mit. The second secon

Some Transaction of China ALMAN SALAN and the first the first of the second A THE PARTY OF THE 1 Eggs of The South of The

certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenting by sician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician.

|               | MARYLAND STATE DE DIVISION OF STATISTICAL RESEARCH AND RECORDS 00826 CERTIFICAT  |  | 1; MARYLAND                                      |
|---------------|--|--|--|
| 1.            | PLACE OF DEATH a. COUNTY HAR FOR & MARYLAND  | 2. USUAL RESIDENCE (Where deceased lived, If Institut a. STATE b. COUNTY | ion: Residence before admission)                 |
| 1             | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. LENGTH OF STAY IN 1b  C. LENGTH OF STAY IN 1b  A NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   | c. CITY OR TOWN (If outside corporate limits, write R                    | RURAL and give nearest town)                     |
| 1             | Tartord Memorial Hospital  | 1 456 alliquee   | ON A FARM? YES NO X                              |
| 5.            | NAME OF DECEASED (Type or print)  SEX  SEX  SEX  SEX  SEX  SEX  SEX  SE  | Last 4. DATE Month DEATH 19. AGE (In years   IFU                         | Day Year 9 19 6 6 NDER 1 YEAR   IF UNDER 24 HRS. |
| 7             | Male Negro WIDOWED DIVORCED LIVER MARRIED NEVER MARRIED NE | 1/8/66 last birthday) Mor  |  |
| dui<br>13     | Ing most of working life, even if retired)  None  INDUSTRY   | 14. MOTHER'S MAIDEN NAME   | COUNTRY?   |
|               | WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.  | audrey Trene   | Tarbray  |
| (Y            | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  | Morgan L. Jones. Gan   | MCasabole Interval Between                       |
|               | PART I. OEATH WAS CAUSED BY:  1773 O  DUE TO   | embrare direce   | ONSET AND DEATH                                  |
|               | Conditions, If any, which gave rise to immediate cause (a), stating the OUE TO   |  |  |
| CERTIFICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL  | ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR                      | T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO         |
|               | 20a. ACCIDENT WAS UNDERLYING   20b. OESCRIBE HOW INJURY OCC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  | URREO. (Enter nature of injury in Part I or Part II of Ite               | m 18.)   |
| MEDICAL       | 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL   Hour a.m.   While   Not While   at work   at work  | ACE OF INJURY (Home, farm, ory, street, office bidg., etc.)              | (County) (State)                                 |
|               | 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 9 16 19, and the   |  | on the date stated above.                        |
|               | 22c. PHYSICIAN'S   | ATTENOING MED. STAFF   | 1/10/66  |

NAME OF CEMETERY OR CREMATORY

23d.

REC'D BY REGISTRAR

Center

25a.

LOCATION

(State)

VR AI5 (4) 20M 1/65

BURIAL, CREMATION, BEMOVAL, (Specify)

DATE THEREOF

23c.

ADDRESS

23b.

Lather on death and both certificate do not agree. Several letters to the mother have not been answered. 5/18/66-M3.